



# Choosing and using your plan

Your guide to open enrollment and making the most of your benefits

**HA PPO / EPO Select 20 / Blue View Vision  
Dutchess Educational Health Insurance Consortium  
Effective July 1, 2024**



# Time to choose your plan

## Your trusted health partner

Anthem is committed to being your trusted healthcare partner. We're developing technology, solutions, programs, and services that give you greater access to care. We are also working with healthcare professionals to make sure you get affordable quality healthcare.



# Time to choose your plan



Empire is becoming Anthem Blue Cross and Blue Shield  
New name. Same commitment to you.

A great way to start is to focus on what's important to you

Open enrollment is the time to explore your benefits, programs, and resources that can support your health and well-being all year long.

This guide was created to help you understand our plans. It also has tips, tools, and resources that can help you reach your health and wellness goals when you become a member.

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### How to enroll

Your benefits administrator or human resources representative will contact you soon with specific enrollment instructions for your organization.

# Understanding your benefits

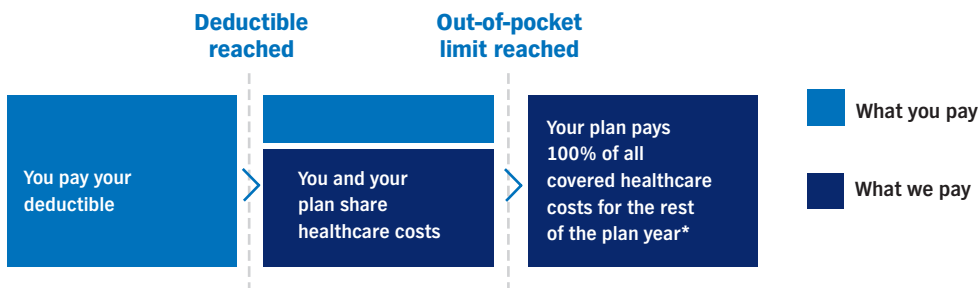
When choosing your plan, think of the four "C"s:

<p>1. <b>Consider</b> your personal situation. If things have changed since last year, you may want to look for benefits that fit those needs.</p> <ul style="list-style-type: none"> <li>Have your healthcare needs changed?</li> <li>Do you go to the doctor more often now?</li> <li>Is a special prescription drug needed?</li> <li>Are you expecting a baby?</li> </ul>	<p>2. <b>Compare</b> all the costs:</p> <ul style="list-style-type: none"> <li>Monthly payment</li> <li>Deductible</li> <li>Coinsurance</li> <li>Copay</li> <li>Out-of-pocket limit</li> </ul>	<p>3. <b>Check</b> to see if your doctors, hospitals, and other healthcare professionals are covered by the plan.</p> <p>4. <b>Choose</b> the right plan for your needs.</p>
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## Common healthcare terms

<p><b>Coinsurance:</b></p> <p>Once you've met your deductible, you and your health plan share the cost of covered healthcare services. The coinsurance is your share of the costs, usually a percent of the cost of care. Your plan details show what portion of the cost you will pay.</p>	<p><b>Copay:*</b></p> <p>A flat fee you pay for covered services, such as doctor visits.</p>	<p><b>Deductible:</b></p> <p>A set amount you pay each year for covered services before your plan starts to pay for covered healthcare costs.</p>
<p><b>Out-of-pocket limit:</b></p> <p>This is the maximum amount you could pay before your plan starts to pay 100% of all covered healthcare costs.* It's the sum of the deductible and coinsurance amounts.</p>	<p><b>Premium:</b></p> <p>The premium, also called a monthly payment, is what you pay for the plan. It's the money that comes out of your paycheck.</p>	<p><b>Glossary of terms:</b></p> <p>Visit <a href="http://anthem.com/glossary">anthem.com/glossary</a></p>

## What you pay and what your plan says



This chart is only an example. your actual cost share will depend on your plan, the service you receive, and the doctor you choose. Refer to your plan details to see the actual share of the cost.

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

# Explore your plan options

Review the health plans below to find the right fit for your needs.

## PPO

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

- You can choose a primary care doctor from the plan's network for preventive care, such as checkups and screenings.
- You do not need to have a primary care doctor to see a specialist.
- When you want to see a specialist, such as an orthopedic doctor or a cardiologist, you do not need to visit your primary care doctor first for a referral. This can save you time and a copay.
- You'll pay less if you choose doctors and facilities in your plan

## EPO

This plan covers services from doctors and hospitals that are part of the exclusive provider organization (EPO) plan:

- Normally, you will not have to go through your primary care doctor if you need to see a specialist, such as an orthopedic doctor or a cardiologist.
- If you visit a doctor outside the plan, you'll have limited benefits and pay a higher cost for care, typically.

# Vision benefits

When you choose Blue View Vision<sup>SM</sup>, you will be covered for routine eye exams and receive annual allowances for eyeglasses or contact lenses. You will also have other plan benefits, such as discounts on lens upgrades and extra pairs of glasses.

Blue View Vision gives you access to more than 40,000 eye doctors at more than 30,000 locations<sup>1</sup> across the country. You can go to an independent eye doctor in your plan's network or to national and regional stores, such as **LensCrafters®**, **Pearle Vision®**, **Target Optical®**, and **Ray-Ban**. Many of these stores have evening and weekend hours to make it easier to find eye care when and where you need it. You can also order glasses and contacts online through **Glasses.com®**, **ContactsDirect®** or **1-800 CONTACTS®**, befitting.

Remember, you can save time and money if you use an independent eye doctor, retail store, or online option that's in your plan's network.

If you choose eyeglasses, your plan includes:

- A frame allowance.
- A discount off the balance if you buy eyeglass frames that cost more than your benefit allowance.
- Savings on lens options and upgrades, such as Transitions® and specialty lenses.
- Enhanced benefits at no extra cost:
  - UV-blocking Transitions lenses and impact-resistant polycarbonate coating for children up to age 19.
  - Factory scratch coating on new lenses.
- Up to 40% off unlimited extra pairs of glasses, including prescription sunglasses.
- 20% off other noncovered items, such as upgrades, accessories, and nonprescription sunglasses.

If you choose contact lenses, your plan includes:

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

Blue View Vision's International Travel Solution helps you when traveling outside of the U.S.:

- Find a trusted eye doctor in 20 countries and territories.<sup>2</sup>
- Receive 24/7 phone support, with translation services in 160 languages.
- If you lose or break your glasses, you can receive temporary emergency glasses with adjustable lenses delivered within 24 hours in most locations, at no extra cost.

## Keep an eye on your health

Routine eye checkups go beyond making sure you can see clearly. They also can catch other health issues early, such as diabetes, high blood pressure, high cholesterol, and rheumatoid arthritis.<sup>3</sup>

<sup>1</sup> Netminder data, February 2022.

<sup>2</sup> Available in Australia, Austria, Brazil, Canada, Chile, China, Colombia, Ecuador, England, France, Germany, Hong Kong SAR, Italy, Japan, Mexico, New Zealand, Peru, Puerto Rico, Spain, Switzerland, and the United States.

<sup>3</sup> American Optometric Association, *Evidence-Based Clinical Practice Guideline, Comprehensive Adult Eye and Vision Examination 2015* (accessed May 2021): [aoa.org](http://aoa.org).

# Using your plan



## How to use your plan

Once you become a member, explore how to make the most of your benefits . This guide shows you ways to make using your plan easier. You will also discover tools and resources that can help you reach your health and wellness goals.



# How to use your plan

## Register for online tools and resources

Your plan comes with great tools and programs to help you reach your health goals that may come at no extra cost, and save money on health products and services. For detailed information, use the **Sydney Health** mobile app or register at **anthem.com**.

### Sydney Health mobile app

Discover a powerful and more personalized health app. Access your benefits and wellness tools to improve your overall health with the **Sydney Health** app. The app works with you by guiding you to better overall health — and brings your benefits and health information together in one convenient place. **Sydney Health** has everything you need to know to make the most of your benefits while taking care of your health.

### Working with you:

- Reminding you about important preventive care needs.
- Guiding you with insights based on your history and changing health needs.
- Empowering you with personalized resources to find and compare doctors and check costs.

### Working for you:

- **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 Health Guide.
- **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.
- **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.

## Use your ID card from your phone

Quickly access your ID card on your phone by using the **Sydney Health** mobile app or logging in at **anthem.com**. Your digital ID card works the same as a paper one. You can share it with your doctor or pharmacy by printing a copy anytime you need one, or emailing or faxing it from your computer or mobile device. You also can download your ID card for quicker access.

## Find a doctor in your plan

The right doctor can make all the difference. Choosing a doctor who is in your plan's network can save you money. Your plan includes a broad selection of high-quality doctors. If you decide to receive care from doctors outside the plan's network, it will cost you more and your care might not be covered.

To find a healthcare professional or facility in your plan's network, use the **Find Care** tool on the **Sydney Health** mobile app or at **anthem.com**. You can search for doctors, hospitals, pharmacies, and high-quality labs such as Quest Diagnostics and Labcorp.



# How to use your plan

## Schedule a checkup

Preventive care, such as regular checkups and screenings, can help you avoid health issues in the future. Your plan covers these services at little or no extra cost when you see a doctor in your plan's network:

- Yearly physical
- Well-child visits
- Flu shot
- Routine shots
- Screenings and tests

Vision plans cover annual checkups if you see an eye doctor in your plan's network. Typically, plans cover one vision checkup each year. Check your plan details on the **Sydney Health** mobile app or **anthem.com** to confirm what preventive care is covered.

## Travel with peace of mind

Your health plan goes with you when you're away from home and need care immediately. The BlueCard program gives you access to services across the country. This includes 1.7 million doctors and hospitals with Blue Cross Blue Shield companies.<sup>1</sup> If you're traveling out of the country, you can receive care through the Blue Cross Blue Shield Global Core program. It gives you access to doctors and hospitals in more than 190 countries and territories around the world.<sup>2</sup>

If you need care in the U.S., go to **anthem.com**. When you're outside the U.S., visit **bcbsglobalcore.com** or download the BCBS Global Core mobile app. You also can call Blue Cross Blue Shield Global Core 24/7 at 011-800-810-BLUE (2583) or call collect by dialing 0170 and telling the operator you want to call 011-804-673-1177.

If you have questions about travel benefits, call the Member Services number on your ID card before you leave home.

## Where to go for care when you need it now

When it is an emergency, call 911 or go to the nearest emergency room. If you need nonemergency care right away:

- Check to see if your primary care doctor can see you.
- Search for nearby urgent care to avoid costly emergency room visits and long wait times.
- Have a virtual chat with your doctor from your mobile device or computer.
- Call 24/7 NurseLine and receive helpful advice from a registered nurse.

<sup>1</sup> Blue Cross Blue Shield Association, Personalized Healthcare, Nationwide (accessed March 2023): [bcbs.com](https://www.bcbs.com).

<sup>2</sup> GeoBlue, More than 20 years as a leader in international healthcare (accessed March 2023): [about-geo-blue.com](https://www.about-geo-blue.com).

<sup>3</sup> If you have a high-deductible health plan and have not met your deductible, the price of a visit will be \$39, starting on the date in 2023 your plan renews.

Other virtual care services offered through an arrangement with LiveHealth Online.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth 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.

# Plan extras that support your health

## Medical guidance

**24/7 NurseLine** — You can connect with a registered nurse who will answer your health questions wherever you are — anytime, day or night. They can help you decide where to go for care and find doctors and other healthcare professionals in your area. Call **800-337-4770**.

**Anthem Health Guides** — Highly trained Anthem associates are like personal support guides who can help you with all your healthcare needs. They can help you connect with the right resources, stay on top of the screenings and tests you need, and find doctors. Reach an Anthem Health Guide by calling **1-844-951-0622**. You also can go to **anthem.com** to send a secure email or chat with them online.

**The 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. Call **844-269-0538**.

**Building Healthy Families** — This program offers support to help your family from preconception through the stages of pregnancy, childbirth, and early childhood (to age 5 and beyond). It is available 24/7 through our **Sydney Health** app and features an extensive content library covering topics to support diverse families, including single parents, same-sex, or multicultural couples. In addition, the app features many tools, including fertility, diaper change, and feeding trackers, due date calculators, and blood pressure monitoring. Visit the **Sydney Health** app to enroll today.

**Case Management** — If you're coming home after surgery or have a serious health condition, a nurse care manager can help answer your questions about your follow-up care, medicines and treatment options, coordinate benefits for home therapy or medical supplies, and find community resources to help you. Your nurse care manager will call you, but you also can call the Member Services number on your ID card.

**ConditionCare** — Receive support from a dedicated nurse team to manage ongoing conditions, such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, heart disease, or heart failure. Work with dietitians, health educators, and pharmacists who can help you learn about your condition and manage your health. Call **866-962-1071** to begin.

**Diabetes Prevention Program** — This 12-month program can help you lose weight and lower your risk of developing type 2 diabetes. Anthem and Lark have come together to offer you this program at no extra cost; it's part of your health plan. The program is 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 and decrease your risk over time. Use the **Sydney Health** mobile app to complete the Lark prediabetes survey. Go to My Health Dashboard > Programs > search for Lark Diabetes Prevention Program.

## Healthy living

**MyHealth Advantage** — There is no cost for this service, and it can help you stay healthy and save money. You will receive reminders when you need to refill a prescription or have a checkup, test, or exam. You will also receive a personalized and confidential MyHealth Note in the mail or on the **Sydney Health** mobile app if we see something that might help you.

**SpecialOffers<sup>SM</sup>** — With SpecialOffers, you can receive discounts on products and services that help promote better health and well-being.

# Your Summary of Benefits



## Healthy Advantage PPO (HA PPO)

**DEHIC**  
**7/1/2024**

Benefit	In-Network <sup>1</sup>	Out-of-Network <sup>2,3</sup>
Deductible	\$0/\$0	\$500/\$1,250
Coinsurance	10%	30%
Coinsurance Stop Loss	\$2,500/\$6,250 (\$250/\$625 out-of-pocket)	\$3,000/\$7,500 (\$900/\$2,250 out-of-pocket)
Out-of-Pocket Maximum	\$5,080 individual / \$12,700 family (All In-Network Medical & RX Cost Shares)	\$1,400 individual / \$3,500 family
Lifetime Maximum	Unlimited	Unlimited
Dependent Children (covered to end of the month)	Dependents to Age 26	Dependents to Age 26
Covered Preventive Care <sup>8</sup>	Member Pays In-Network	Member Pays Out-of-Network
Covered Adult Preventive Care	\$0 copayment	Deductible and Coinsurance
Annual Physical Exam	\$0 copayment	Covered in-network only
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0 copayment	Deductible and Coinsurance
Preventive Well-Woman Care	\$0 copayment	Deductible and Coinsurance
Home/Office/Outpatient Care	Member Pays In-Network	Member Pays Out-of-Network
Home/Office Visits/Online Visits <sup>1</sup>	\$30 copayment	Deductible and Coinsurance
Urgent Care Center	\$30 copayment	\$30 copayment
Emergency Room (initial visit per occurrence)	\$50 copayment (Waived if admitted within 24 hours)	\$50 copayment (Waived if admitted within 24 hours)
Routine Maternity Care	\$30 copay first visit, Coinsurance all other visits/services	Deductible and Coinsurance
Allergy Care		
- Office Visit	\$30 copayment	Deductible and Coinsurance
- Routine Testing	Coinsurance	Deductible and Coinsurance
- Allergy Injections/Immunotherapy	\$0	Deductible and Coinsurance
Home Healthcare (Up to 365 visits per calendar year)	Coinsurance	Coinsurance (no deductible)
Home Infusion Therapy	Coinsurance	Covered in-network only
Hospice Care (Up to 210 days per lifetime)	Coinsurance	Covered in-network only
Surgery <sup>4</sup> , Presurgical Testing, Anesthesia		Deductible and Coinsurance
Chemotherapy, Radiation Therapy		Deductible and Coinsurance
Infertility Care		Deductible and Coinsurance
Laboratory Tests, X-rays		Deductible and Coinsurance
Vision Therapy		Covered in-network only
MRI <sup>6</sup> , MRA <sup>6</sup> , CAT Scan <sup>6</sup> , PET <sup>6</sup> & Nuclear Cardiology <sup>6</sup>	\$30 copayment applies to visit services (examinations and evaluations); other services performed will be subject to In-Network Coinsurance	Deductible and Coinsurance
Chiropractic Care <sup>6</sup>		Deductible and Coinsurance
Cardiac Rehabilitation (Unlimited visits per calendar year)		Deductible and Coinsurance
Second Surgical Opinion		Deductible and Coinsurance
Kidney Dialysis		Deductible and Coinsurance
Home/Office/Outpatient Care	Member Pays In-Network <sup>1</sup>	Member Pays Out-of-Network <sup>2,3</sup>
Physical Therapy <sup>4</sup> (Unlimited visits per calendar year combined in home, office or outpatient facility)		Covered in-network only
Other Short-Term Rehabilitative Therapies – Speech/Language <sup>4</sup> , Occupational <sup>4</sup> (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$30 copayment applies to visit services (examinations and evaluations); other services performed will be subject to In-Network Coinsurance	Covered in-network only
Medical Chats and Virtual Visits for Primary Care (From our Online Provider K Health, its affiliated Provider groups, via our mobile app, website or Anthem-enabled device)*	\$0 Copayment	Covered in-network only

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

# Your Summary of Benefits



## Healthy Advantage PPO (HA PPO)

<b>Inpatient Care<sup>9</sup></b>		
Inpatient Hospital (As many days as medically necessary; semiprivate room and board)	Coinsurance	Deductible and Coinsurance
Physical Therapy, Physical Medicine, Or Rehabilitation (Unlimited inpatient days per calendar year)	Coinsurance	Deductible and Coinsurance
Surgery, Surgical Assistant, Anesthesia	Coinsurance	Deductible and Coinsurance
Skilled Nursing Facility (Up to 365 days per calendar year)	Coinsurance	Covered in-network only
Birth Centers	Coinsurance	Covered in-network only
<b>Mental Health</b>		
Outpatient Visits in Office	\$30 copay will apply to visit services (examinations and evaluations) in an office;; other services performed will be subject to In- Network coinsurance	Deductible and Coinsurance
Outpatient Visits in Facility	Coinsurance <sup>7</sup>	Deductible and Coinsurance
Inpatient Care <sup>7,9</sup> (As many days as medically necessary; semiprivate room and board)	Coinsurance	Deductible and Coinsurance
<b>Alcohol/Substance Abuse</b>		
Outpatient Visits in Office	\$30 copay will apply to visit services (examinations and evaluations) in an office;; other services performed will be subject to In- Network coinsurance	Deductible and Coinsurance
Outpatient Visits in Facility	Coinsurance <sup>7</sup>	Deductible and Coinsurance
Inpatient Detoxification <sup>7,9</sup> (As many days as medically necessary; semiprivate room and board)	Coinsurance	Deductible and Coinsurance
Inpatient Rehabilitation <sup>7,9</sup>	Coinsurance	Deductible and Coinsurance
<b>Other</b>		
Medical Supplies	Coinsurance	Difference between the allowed amount and the total charge (deductible and coinsurance do not apply)
Durable Medical Equipment <sup>5</sup>	Coinsurance	Covered in-network only
Prosthetics & Orthotics <sup>5</sup>	Coinsurance	Covered in-network only
Ambulance (Land/Air ambulance)	Coinsurance	In-network benefits apply
Prescription Drugs <sup>10</sup> Retail Program – One copayment required for up to a 30-day supply	\$50 Deductible per person per calendar year Deductible does not apply to Tier 1 Generic drugs Tier 1/Tier 2/Tier 3 \$10/\$20/\$40 copayment Includes Contraceptives (Retail & Mail-Order)	Covered in-network only
Mail-Order Program <sup>11</sup> – Only two copayments required for a 90-day supply	\$0 Deductible The Mail-Order Program has the same copayments as the Retail Program listed above.	
<b>Qualified Mail Order Service Options (Maintenance Medications)</b>	<p><b>If you are taking a Maintenance Medication, you must select one of the qualified mail order service options through our Pharmacy Benefits Manager, CVS, or a DEHIC designated participating retail pharmacy. For new Maintenance Medication prescriptions, you may get the first 30 day supply and up to one additional 30 day refill of the Maintenance Medication at your local Retail Pharmacy. After that, you will need to select one of the qualified mail order service options to fill your prescription through the mail order supplier, CVS, or a designated participating pharmacy for maintenance drugs in order to realize the In-Network level of benefits.</b></p>	
Routine Vision Care - Please see separate Blue View Vision benefit summary for additional detail	\$5 copay for 1 exam every 12 months \$10 eyeglass lense copay \$115 allowance then 20% off remaining balance for frames \$75 allowance then 15 % off remaining balance for conventional contacts	\$30 exam allowance \$64 frame allowance \$25-\$45 eyeglass lense allowance

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

# Your Summary of Benefits



## Healthy Advantage PPO (HA PPO)

- (1) Network provider delivers care. The in-network office copayment applies to examinations and evaluations only. Other services performed at the office setting may be subject to in-network coinsurance. Anthem's network provider must precertify in-network services; Anthem's network providers cannot bill members beyond the copayment for covered services.
- (2) Out-of-network services (except Mental Health and Alcohol/Substance Abuse) are those from a provider that does not participate in Anthem's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. (This does not apply to emergency benefits.) See (7) for Mental Health and Alcohol/Substance Abuse Services.
- (3) Out-of-network (O-O-N) providers – those who do not participate in Anthem's PPO network, or with another Blue Cross and Blue Shield Plan through the BlueCard® PPO Program. Out-of-network providers who do not participate with Anthem or with another Blue Cross and Blue Shield Plan, may balance bill over Anthem's allowed amount. Precertification is not required for out-of-network services, nor from out-of-area in-network BlueCard® PPO provider service.
- (4) You are responsible for obtaining precertification from Anthem's Medical Management Program for these services provided in-area and out-of-area, in-network and out-of-network. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. For ambulatory surgery, please call the toll-free number on your member ID card to determine exactly what outpatient services require pre-certification.
- (5) For services received from an Anthem network provider, the provider must precertify in-network services; Anthem's PPO network providers cannot bill members beyond the co-payment, deductible, or coinsurance for covered services. Outside Anthem's network area, you or your provider must obtain precertification from Anthem's Medical Management Program for services from in-network BlueCard® PPO providers.
- (6) You are responsible for obtaining precertification from AIM for MRI, MRA, PET, CAT, Nuclear Cardiology, and Echocardiography services rendered by an Anthem PPO provider. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained. Precertification is not required for these services when rendered from an in-network BlueCard® provider outside of Anthem's network area or out-of-network providers.
- (7) You are responsible for obtaining precertification from the Behavioral Healthcare Manager for these services. Your provider may call for you, but you will be responsible for penalties applied if precertification is not obtained.
- (8) Preventive Care benefits not subject to copayment and coinsurance; when provided In-Network include; mammography screenings, cervical cancer screenings, colorectal cancer screenings, prostate cancer screenings, hypercholesterolemia screenings, diabetes screenings for pregnant women, bone density testing, annual physical examinations and annual obstetric and gynecological examinations. May also include other services as required under State and Federal Law. May be subject to age and frequency limits.
- (9) Network providers must obtain precertification from Anthem's Medical Management Program for Inpatient Facility Services received from an out-of-area BlueCard PPO Provider. Network providers must obtain precertification from Anthem's Medical Management Program for these services received from an out-of-area BlueCard PPO Provider.
- (10) This prescription drug coverage meets the Centers for Medicare and Medicaid Services (CMS) standard for Creditable Coverage under the Medicare Modernization Act of 2003.
- (11) To receive a 90-day supply of prescription drugs through Anthem's Mail-Order Program, the prescription must be written specifically for a 90-day supply.

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

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

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

# Your Summary of Benefits



## EPO Select 20

**DEHIC**  
**7/1/2024**

Benefit	In-Network <sup>1</sup>
Lifetime Maximum	Unlimited
Out-of-Pocket Maximum	\$5,080 / \$12,700 (All In-Network Medical & Rx Cost Shares)
Dependent Children (covered to the end of the month)	Dependents to Age 26
<b>Covered Preventive Care<sup>2</sup></b>	<b>Member Pays In-Network</b>
Covered Adult Preventive Care	\$0 copayment
Annual Physical Exam	\$0 copayment
Well-Child Care (Up to age 19; including necessary covered immunizations)	\$0 copayment
Preventive Well-Woman Care	\$0 copayment
<b>Home/Office/Outpatient Care</b>	<b>Member Pays In-Network</b>
Home/Office Visits / Online Visits	\$20 copayment
Urgent Care Center	\$20 copayment
Emergency Room/Facility (initial visit per occurrence)	\$50 copayment (Waived if admitted within 24 hours)
Surgery <sup>3</sup> , Pre-surgical Testing, Anesthesia	\$0
Chemotherapy, Radiation Therapy	\$0
Routine Maternity Care	\$0
Laboratory Tests, X-rays	\$0
MRI <sup>5</sup> /MRA <sup>5</sup> , CAT Scan <sup>5</sup> , PET <sup>5</sup> & Nuclear Cardiology <sup>5</sup>	\$0
Allergy Care Routine Testing and Treatment (Allergy Injections/Immunotherapy)	\$20 copayment (Waived for treatments)
Chiropractic Care <sup>6</sup>	\$20 copayment
Home Healthcare (Up to 200 visits per calendar year)	\$0
Home Infusion Therapy	\$0
Hospice Care (Up to 210 days per lifetime)	\$0
Physical Therapy <sup>3</sup> (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment
Other Short-Term Rehabilitative Therapies <sup>3</sup> – Speech/Language, Occupational (Up to 30 visits per calendar year combined in home, office or outpatient facility)	\$20 copayment
Vision Therapy	\$20 copayment
Cardiac Rehabilitation (Unlimited visits per calendar year)	\$20 copayment
Second Surgical Opinion	\$20 copayment
Kidney Dialysis	\$0
Medical Chats and Virtual Visits for Primary Care (From our Online Provider K Health, its affiliated Provider groups, via our mobile app, website or Anthem-enabled device)*	\$0 copayment

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

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

# Your Summary of Benefits



## EPO Select 20

Benefit	In-Network <sup>1</sup>
<b>Inpatient Care<sup>3</sup></b>	
<b>Member Pays In-Network</b>	
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	\$0
Surgery, Surgical Assistant, Anesthesia	\$0
Physical Therapy, Physical Medicine or Rehabilitation (Up to 90 inpatient days per calendar year)	\$0
Skilled Nursing Facility (Up to 60 days per calendar year)	\$0
<b>Mental Health</b>	
Outpatient Visits in Office	\$20 copayment
Outpatient Visits in Facility	\$0
Inpatient Care <sup>4</sup> (As many days as is medically necessary; semiprivate room and board)	\$0
<b>Alcohol/Substance Abuse</b>	
Outpatient Visits in Office	\$20 copayment
Outpatient Visits in Facility	\$0
Inpatient Detoxification <sup>4</sup> (As many days as is medically necessary; semiprivate room and board)	\$0
Inpatient Rehabilitation <sup>4</sup>	\$0
<b>Other</b>	
Medical Supplies	\$0 when obtained through Anthem's medical supplies vendor
Durable Medical Equipment <sup>5</sup>	\$0
Prosthetics & Orthotics <sup>5</sup>	\$0
Ambulance (Land/Air ambulance)	\$0
Prescription Drugs <sup>7</sup>	Tier 1/Tier 2/Tier 3 \$10/\$20/\$40 copay Includes Contraceptives (Retail & Mail-Order)
Retail Program – One copayment required for up to a 30-day supply	
Mail-Order Program <sup>9</sup> – Only two copayments required for a 90-day supply	The Mail-Order Program has the same copayments as the Retail Program listed above.
<b>Qualified Mail Order Service Options (Maintenance Medications)</b>	<b>If you are taking a Maintenance Medication, you must select one of the qualified mail order service options through our Pharmacy Benefits Manager, CVS, or a DEHIC designated participating retail pharmacy. For new Maintenance Medication prescriptions, you may get the first 30 day supply and up to one additional 30 day refill of the Maintenance Medication at your local Retail Pharmacy. After that, you will need to select one of the qualified mail order service options to fill your prescription through the mail order supplier, CVS, or a designated participating pharmacy for maintenance drugs in order to realize the In-Network level of benefits.</b>
Routine Vision Care - Please see separate Blue View Vision benefit summary for additional detail	\$5 copay for 1 exam every 12 months \$10 eyeglass lense copay \$115 allowance then 20% off remaining balance for frames \$75 allowance then 15 % off remaining balance for conventional contacts *OON benefits available. See BVV benefit summary.

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# Your Summary of Benefits



## EPO Select 20

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

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

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

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

*EPO Rev Sept 2014*

*Prepared on 02.12.2020 NRG*



**DEHIC**  
**HA PPO / EPO Select 20 Benefit Comparison**  
**Effective 7/1/2024**

Benefit	Healthy Advantage PPO		EPO Select 20
	In-Network	Out-of Network	In Network
Deductible	\$0	\$500/\$1,250	\$0
Coinsurance	10%	30%	0%
Coinsurance Stop Loss	\$2,500/\$6,250 (\$250/\$625 out-of-pocket)	\$3,000/\$7,500 (\$900/\$2,250 out-of-pocket)	N/A
Out-of-Pocket Maximum	\$5,080 individual/ \$12,700 family	\$1,400 Individual / \$3,500 Family	\$5,080 individual/ \$12,700 family
Lifetime Maximum	Unlimited	Unlimited	Unlimited
Dependent Children (covered to the end of the month)	Dependents to age 26	Dependents to age 26	Dependents to age 26
<b>Preventive Care</b>			
Adult Preventive Care	\$0	Deductible and Coinsurance	\$0
Annual Physical Exam	\$0	Covered in-network only	\$0
Well-Child Care (Up to age 19; including necessary immunizations)	\$0	Deductible and Coinsurance	\$0
Well-Woman Care	\$0	Deductible and Coinsurance	\$0
<b>Home/Office/Outpatient Care</b>			
Home/Office Visits***	\$30 copay *	Deductible and Coinsurance	\$20 copay
Emergency Room/Facility (initial visit per occurrence)	\$50 copay (Waived if admitted within 24 hours)	\$50 copay (Waived if admitted within 24 hours)	\$50 copay (Waived if admitted within 24 hours)
Maternity Care	\$30 copay first visit, Coinsurance all other visits/services	Deductible and Coinsurance	\$0
Allergy Testing & Treatment	Office visit \$30 copay Testing: Coinsurance Treatment: \$0	Deductible and Coinsurance	\$20 copay (waived for treatment)
Home Healthcare	Coinsurance (Up to 365 visits per calendar year)	Coinsurance (no deductible)	\$0 (Up to 200 visits per calendar year)
Home Infusion Therapy	Coinsurance	Covered in-network only	\$0
Hospice Care (Up to 210 days per lifetime)	Coinsurance	Covered in-network only	\$0

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

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

Benefit	Healthy Advantage PPO		EPO Select 20
	In-Network	Out-of Network	In Network
Surgery, Presurgical Testing, Anesthesia	\$30 copay applies to visit services (examinations and evaluations); other services performed will be subject to In-Network Coinsurance. (Unlimited visits per year for PT)	Deductible and Coinsurance	\$0
Chemotherapy, Radiation Therapy		Deductible and Coinsurance	\$0
Laboratory Tests, X-rays		Deductible and Coinsurance	\$0
MRI/MRA, CAT Scan, PET & Nuclear Cardiology		Deductible and Coinsurance	\$0
Chiropractic Care		Deductible and Coinsurance	\$20 copay
Physical Therapy		Covered in-network only	\$20 copay (30 visits outpatient, 90 days inpatient max per year)
Other Short-Term Rehabilitative Therapies - Speech/Language, Occupational (Up to 30 visits per calendar year combined in home, office or outpatient facility)		Covered in-network only	\$20 copay
Vision Therapy		Covered in-network only	\$20 copay
Cardiac Rehabilitation (Unlimited visits per calendar year)		Deductible and Coinsurance	\$20 copay
Second Surgical Opinion		Deductible and Coinsurance	\$20 copay
Kidney Dialysis		Deductible and Coinsurance	\$0
<b>Inpatient Care</b>			
Inpatient Hospital (As many days as is medically necessary; semiprivate room and board)	Coinsurance	Deductible and Coinsurance	\$0
Surgery, Surgical Assistant, Anesthesia	Coinsurance	Deductible and Coinsurance	\$0
Physical Therapy, Physical Medicine, or Rehabilitation	Coinsurance (Unlimited Inpatient visits per year for PT)	Deductible and Coinsurance	\$0 (maximum 90 days inpatient per year)
Skilled Nursing Facility	Coinsurance (Up to 365 visits per calendar year)	Covered in-network only	\$0 (60 days per calendar year)
<b>Mental Health</b>			
Outpatient Visits in Office	\$30 copay applies to visit services (examinations and evaluations); other services performed will be subject to In-Network Coinsurance	Deductible and Coinsurance	\$20 copay
Outpatient Visits in Facility	Coinsurance	Deductible and Coinsurance	\$0
Inpatient Care (As many days as is medically necessary; semiprivate room and board)	Coinsurance	Deductible and Coinsurance	\$0
<b>Alcohol/Substance Abuse</b>			
Outpatient Visits in Office	\$30 copay applies to visit services (examinations and evaluations); other services performed will be subject to In-Network Coinsurance	Deductible and Coinsurance	\$20 copay

Benefit	Healthy Advantage PPO		EPO Select 20
	In-Network	Out-of Network	In Network
Outpatient Visits in Facility	Coinsurance	Deductible and Coinsurance	\$0
Inpatient Detoxification (As many days as is medically necessary; semiprivate room and board)	Coinsurance	Deductible and Coinsurance	\$0
Inpatient Rehabilitation	Coinsurance	Deductible and Coinsurance	\$0
<b>Other</b>			
Medical Supplies	Coinsurance	Difference between the allowed amount and the total charge	\$0
Durable Medical Equipment	Coinsurance	Covered in-network only	\$0
Prosthetics & Orthotics	Coinsurance	Covered in-network only	\$0
Ambulance (Land/Air ambulance)	Coinsurance	In-network benefits apply	\$0
<b>Prescription Drugs</b>			
Retail Program – One copay required for up to a 30-day supply	\$50 Deductible per person per calendar year Deductible does not apply to Tier 1 Generic drugs Tier 1/Tier 2/Tier3 \$10/\$20/\$40  Includes Contraceptives (Retail & Mail-Order)	Covered in-network only	\$0 Deductible  Tier 1/Tier 2/Tier3 \$10/\$20/\$40  Includes Contraceptives (Retail & Mail-Order)
Mail-Order Program – Only two copays required for a 90-day supply	\$0 Deductible The Mail-Order Program has the same copayments as the Retail Program listed above	Covered in-network only	\$0 Deductible  The Mail-Order Program has the same copayments as the Retail Program listed above
Qualified Mail Order Service Options (Maintenance Medications)	If you are taking a Maintenance Medication, you must select one of the qualified mail order service options through our Pharmacy Benefits Manager, CVS, or a DEHIC designated participating retail pharmacy. For new Maintenance Medication prescriptions, you may get the first 30 day supply and up to one additional 30 day refill of the Maintenance Medication at your local Retail Pharmacy. After that, you will need to select one of the qualified mail order service options to fill your prescription through the mail order supplier, CVS, or a designated participating pharmacy for maintenance drugs in order to realize the In-Network level of benefits.		
Routine Vision Care	<p align="center"><b><i>Vision benefits - once every 12 months frequency</i></b></p> <p>\$5 copay for 1 exam</p> <p>\$10 eyeglass lense copay</p> <p>\$115 allowance then 20% off remaining balance for frames</p> <p>\$75 allowance then 15 % off remaining balance for conventional contacts</p>		<p align="center"><b><i>Vision benefits - once every 12 months frequency</i></b></p> <p>\$5 copay for 1 exam</p> <p>\$10 eyeglass lense copay</p> <p>\$115 allowance then 20% off remaining balance for frames</p> <p>\$75 allowance then 15 % off remaining balance for conventional contacts</p> <p>*OON benefits available. See BVV benefit summary</p>

\*office visits are covered at \$30 copay. All other services are subject to co-insurance. The \$30 office visit copay is for examinations/evaluations/consultations. Other services done during the visit would have the co-insurance applied (ie MRI)

**NOTE: Please refer to your SPD (Summary Plan Description) for detailed information regarding your coverage as well as services that require pre-certification. This is a benefit comparison only and is subject to terms, conditions, limitations and exclusions set forth in your Certificate of Coverage, Schedule of Benefits, and any additional Riders or Contracts your group has purchased.**

**Welcome to your Blue View Vision plan!**

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

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

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

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

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

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

- Combined Offers.** Not to be combined with any offer, coupon, or in-store advertisement.
- Excess Amounts.** Amounts in excess of covered vision expense.
- Sunglasses.** Plano sunglasses and accompanying frames.
- Safety Glasses.** Safety glasses and accompanying frames.
- Not Specifically Listed.** Services not specifically listed in this plan as covered services.

- Lost or Broken Lenses or Frames.** Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.
- Non-Prescription Lenses.** Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.
- Orthoptics.** Orthoptics or vision training and any associated supplemental testing

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY (Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage.)		In-Network Member Cost (after any applicable copay)
<b>Retinal Imaging</b> - at member's option, can be performed at time of eye exam		Not More Than \$39
<b>Eyeglass lens upgrades</b> When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> <li>• <b>Transitions</b> lenses (Adults) \$75</li> <li>• Standard Polycarbonate (Adults) \$40</li> <li>• Tint (Solid and Gradient) \$15</li> <li>• UV Coating \$15</li> <li>• Progressive Lenses<sup>1</sup> <ul style="list-style-type: none"> <li>• Standard \$65</li> <li>• Premium Tier 1 \$85</li> <li>• Premium Tier 2 \$95</li> <li>• Premium Tier 3 \$110</li> </ul> </li> <li>• Anti-Reflective Coating<sup>2</sup> <ul style="list-style-type: none"> <li>• Standard \$45</li> <li>• Premium Tier 1 \$57</li> <li>• Premium Tier 2 \$68</li> </ul> </li> <li>• Other Add-ons (i.e. high index lenses, anti-fog coating) 20% off retail price</li> </ul>	
<b>Additional Pairs of Eyeglasses</b> <b>Anytime from any Blue View Vision network provider</b>	<ul style="list-style-type: none"> <li>• Complete Pair 40% off retail price</li> <li>• Eyeglass materials purchased separately 20% off retail price</li> </ul>	
<b>Eyewear Accessories</b>	<ul style="list-style-type: none"> <li>• Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 20% off retail</li> </ul>	
<b>Conventional Contact Lenses (non-disposable type)</b>	<ul style="list-style-type: none"> <li>• Discount applies to materials only 15% off retail price</li> </ul>	
<b>Contact lens fit and follow-up</b> <b>A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.</b>	<ul style="list-style-type: none"> <li>• Standard contact lens fitting<sup>3</sup> Up to \$55</li> <li>• Premium contact lens fitting<sup>4</sup> 10% off retail price</li> </ul>	

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

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

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

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

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



Online stores:



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

#### OUT-OF-NETWORK

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

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

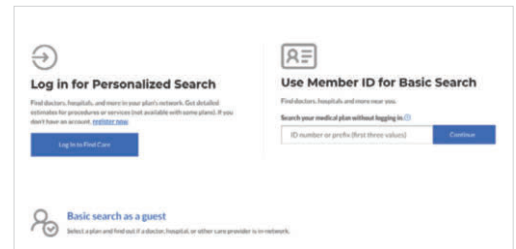
# Use the Find Care tool at [anthem.com](https://www.anthem.com) to find Blue View Vision provider

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

## Step 1

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

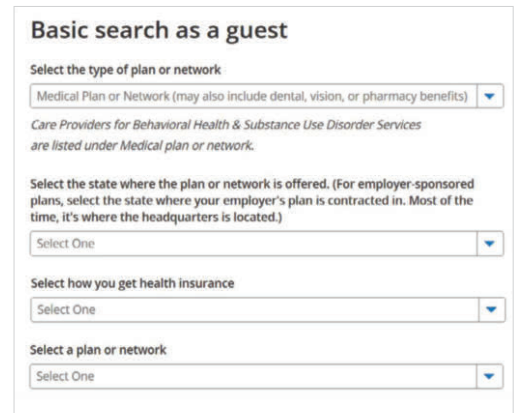
- For guests — Choose **Basic search as a guest**.
- For members — You can either select **Log in for Personalized Search** on the left or you can search without logging in by selecting **Use Member ID for Basic Search** on the right.



## Step 2

Scroll down and complete the following fields:

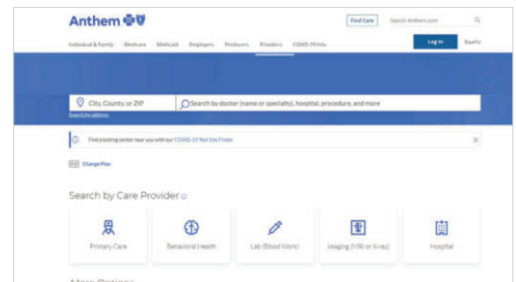
- Select the type of plan or network — Use the drop-down menu to choose **Vision Plan or Network**
- Select the state — Use the drop-down menu to choose **New York**
- Select how you get health insurance — Use the drop-down menu to choose **Vision**
- Select a plan or network — Use the drop-down menu to choose **Blue View Vision**
- Select the **Continue** button.



## Step 3

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

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



## Step 4

View your search results:

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



## We are here to help

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



# 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.<sup>1</sup>

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)<sup>2</sup>
- Diabetes screening (type 2)<sup>3</sup>
- 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 years<sup>2</sup>
- Obesity: related screening and counseling<sup>3</sup>
- 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 met<sup>5</sup>
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies, and counseling<sup>6,7,8/9</sup>
- 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) screening<sup>7</sup>
- 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 depression<sup>7</sup>
- Urinary incontinence screening
- Well-woman visits

### **Immunizations:**

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



## Child preventive care

### Preventive physical exams, screenings, and tests:

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



### Immunizations:

- Chickenpox
- Flu
- Haemophilus 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

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

<sup>1</sup>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.

<sup>2</sup> You may be required to receive preapproval for these services.

<sup>3</sup> 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.

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

<sup>5</sup> Check your medical policy for details.

<sup>6</sup> 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.

<sup>7</sup> This benefit also applies to those younger than age 19.

<sup>8</sup> 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.

<sup>8/9</sup> 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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## Choose your doctor and see them every time...online.

You can see the same primary care doctor on an ongoing basis through scheduled video visits on your computer or mobile device. Get regular personal health visits and checkups with **LiveHealth Online Virtual Primary Care**. It's like an office visit with a primary care provider (PCP) – without the office. Choose from board-certified, in-network PCPs, and have the same doctor taking care of you over time for treatment including: chronic conditions, preventative care, referrals, acute care.

With LiveHealth Online Virtual Primary Care you can get:



Care for diabetes, the flu and other health issues.



Referrals for X-rays, blood work, and specialists.



Prescriptions sent to your local pharmacy.



Appointments  
8 a.m. – 6 p.m. (Mon – Fri).

We've got you covered. Simplify your life with LiveHealth Online Virtual Primary Care.



Virtual primary care visits are available through the Sydney<sup>SM</sup> Health and LiveHealth Online apps, and/or Anthem.com and LiveHealthOnline.com

# Expanding your virtual care options

Find complete care support, on your time, through the **Sydney Health app**

## Visit with a doctor at your convenience

Accessing the care you need, when you need it, matters. That's why our Sydney<sup>SM</sup> Health mobile app connects you to a team of doctors ready to help you on your time. There are two secure ways to find low cost care through our app:

- ① **Chat with a doctor 24/7 without an appointment**
  - Urgent care support for health issues, such as allergies, a cold, or the flu.
  - New prescriptions<sup>1</sup> for concerns such as a cough or a sinus infection.
- ② **Schedule a virtual primary care appointment**
  - Routine care, including virtual annual preventive care (wellness) visits and prescription refills.<sup>1,2,3,4</sup>
  - Personalized care plans for chronic conditions, such as asthma or diabetes.

## Assess your symptoms with the Symptom Checker

When you're sick, you can use the Symptom Checker on Sydney Health to answer a few questions about how you're feeling. That information is run against millions of medical data points to provide care advice tailored to you.

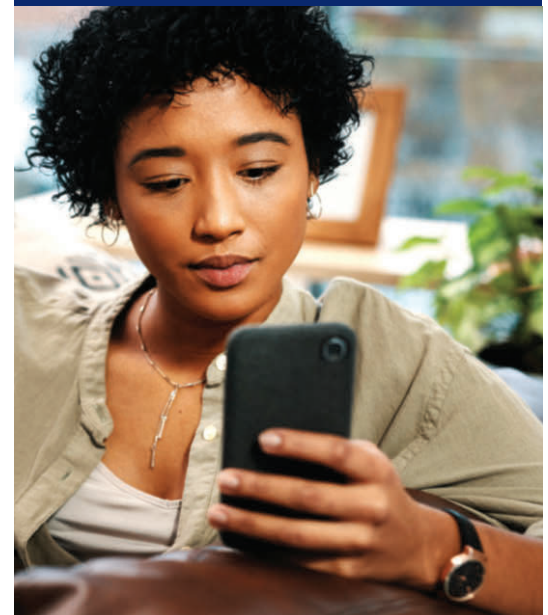
## Save money and time with virtual care

Sydney Health brings care to you anywhere, anytime. The Symptom Checker is always free to use, while virtual primary care visits and on-demand urgent care through the app are available at low cost.

▶ Download our Sydney Health mobile app today. 

Set up your account right away and it will be ready to use when you need it.

 GET IT ON Google Play  Download on the App Store



**85%** of virtual visits resolve the person's need.<sup>5</sup>

<sup>1</sup> Virtual annual preventive care (wellness) visits through the Sydney Health app are available starting September 2022. The virtual annual preventive care (wellness) visit is covered in full unless the employer has a limit or cap under their benefit plan.

<sup>2</sup> Virtual primary care medical services provided by Preventive Medical Associates P.C. through an arrangement with Hydrogen Health, which provides the virtual care platform.

<sup>3</sup> Eligible employees are those who have not yet had an annual preventive care (wellness) visit during the plan year (either virtual or in-person) whose group benefit plan covers a virtual primary care exam. If an employer group has a cap on the number of preventive care (wellness) visits that are covered in full and the employee has exceeded the cap but would like to have another preventive care (wellness) visit, they may be responsible for copays and other out-of-pocket costs for the visit. Employees should consult their benefit plan and/or contact Member Services if they have any questions.

<sup>4</sup> Your doctor will determine if a prescription is needed at time of visit.

<sup>5</sup> K Health analysis of Q4 2020 visit depositions.

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

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. 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. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](http://anthem.com/co/networkaccess). 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<sup>®</sup> Managed Care, Inc. (RIT), Healthy Alliance<sup>®</sup> 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 trademark 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.

# 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 ունեք ստանալ անվճար օգնություն ձեր լեզվով: Պարզապես զանգահարեք Անդամների սպասարկման կենտրոն, որի հեռախոսահամարը նշված է ձեր ID քարտի վրա:

## Farsi

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

## French

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

## Arabic

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

## Japanese

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

## Haitian

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

## Italian

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

## Polish

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

## Punjabi

ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਸੇਵਾਵਾਂ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਬਸ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸਿਰਵਸ 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>



# 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, your 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 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 on [anthem.com](https://www.anthem.com).



## Are you ready to choose your plan?

Your benefits administrator or human resources representative will contact you soon with specific enrollment instructions for your organization.

## Your plan is here for you to use

### If you would like extra help

**Anthem Health Guides** are here to help you make the most out of your medical plan. These highly trained Anthem associates will help you with all your health care needs.

Reach an Anthem Health Guide by calling **1-844-951-0622**. You also can go to **anthem.com** to send a secure email or chat with them online.



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

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