



Choosing and using your plan

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

HSA 2023



Time to review 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 review your plan

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 your plan. It also has tips, tools, and resources that can help you reach your health and wellness goals when you become a member. Save it to help you make the most of your benefits throughout the year.

Table of contents

Choosing your plan

Explore your plan 4

Using your plan

How to use your plan 5

The basics of your health plan..... 9

Protecting your privacy 35

Explore your plan

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

Health savings account (HSA)

An HSA allows you to set aside pretax dollars to pay for care when you need it. You can use money in the account to pay for qualified medical expenses, such as hospital visits, prescription drugs, or copays for a doctor visit.¹

- Once you pay your deductible, you will pay a percentage of the total cost (called coinsurance) anytime you receive care for a covered service. Your plan will cover the rest.
- All the money in your HSA rolls over from year to year, and it is yours even if you change health plans or jobs, or retire.
- The money you put into your HSA, any interest you earn, and the money you take out to pay for healthcare is tax-free.
- You can contribute up to \$3,850 for an individual and \$7,750 for a family.²
- If you are 55 or older, you can contribute an extra \$1,000 a year.

¹ For a full list of qualified expenses for an individual, visit [qme.anthem.com](https://www.qme.anthem.com).

² Veterans who have received medical benefits from Veterans Affairs due to a service-connected disability are eligible to receive or make HSA contributions. Visit the IRS website at irs.gov/irb/2004-33_IRB for details.



Using your plan



How to use your plan

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 and save money on health products and services that may come at no extra cost. For detailed information, use the **Sydney Health** mobile app or register at [anthem.com](https://www.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 about your benefits to make the most of them while taking care of your health.

Working with you:

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

Working for you:

- **Virtual chat visits** — **Sydney Health** can link you directly to doctors for virtual chat visits at low to no additional-cost.* During your appointment; the doctor will evaluate your symptoms; discuss your treatment options, and order prescriptions, if you need them.
- **Virtual video visits** — You can also use **Sydney Health** to connect with a doctor through video visits.
- **Virtual primary care** — When you need preventive care, such as wellness check-ins, lab work referrals, specialist referrals, or help with a long-term condition such as asthma, you can use Sydney Health to have a video visit with a doctor.

* Pricing based on \$0 copay benefit eligibility offered through your plan.

How to use your plan

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.

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

Receive the COVID-19 vaccine or booster shot at no extra cost

A COVID-19 vaccine can help keep you, your family, and your community safe. You and your covered family members will not have to pay out-of-pocket costs for COVID-19 vaccine or booster doses. Your Anthem plan covers them.

You can visit any healthcare professional for your vaccine or booster shot, including those outside your plan's network.

Go to [vaccines.gov](https://www.vaccines.gov) to find COVID-19 vaccine locations near you.

How to use your plan

Access care from home in a way that works for you

- **Assess your symptoms online at no cost.** Answer questions through the **Sydney Health** intuitive Symptom Checker. It uses the information you provide to narrow down millions of medical data points and assess your specific symptoms before you visit a doctor.
- **Chat with a doctor at low to no additional-cost.**¹ **Sydney Health** can link you directly to doctors for virtual chat visits. During your appointment, the doctor can evaluate your symptoms; discuss your treatment options; and order prescriptions; if you need them.
- **Have a video visit with a doctor.** You can also use **Sydney Health** to connect with a doctor through video visits.
- **Schedule a virtual primary care appointment** for routine care and prescription refills, if needed. You can also receive a personalized care plan for chronic conditions, such as heart disease.

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.

1. 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 2022 your plan renews.

Understanding healthcare terms

Deductible:

A set amount you pay each year for covered services before your plan starts to pay for covered healthcare costs.

You can use your HSA/FSA/HRA toward your deductible.

Copay:

A flat fee you pay for covered services, such as doctor visits.

Coinsurance:

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.

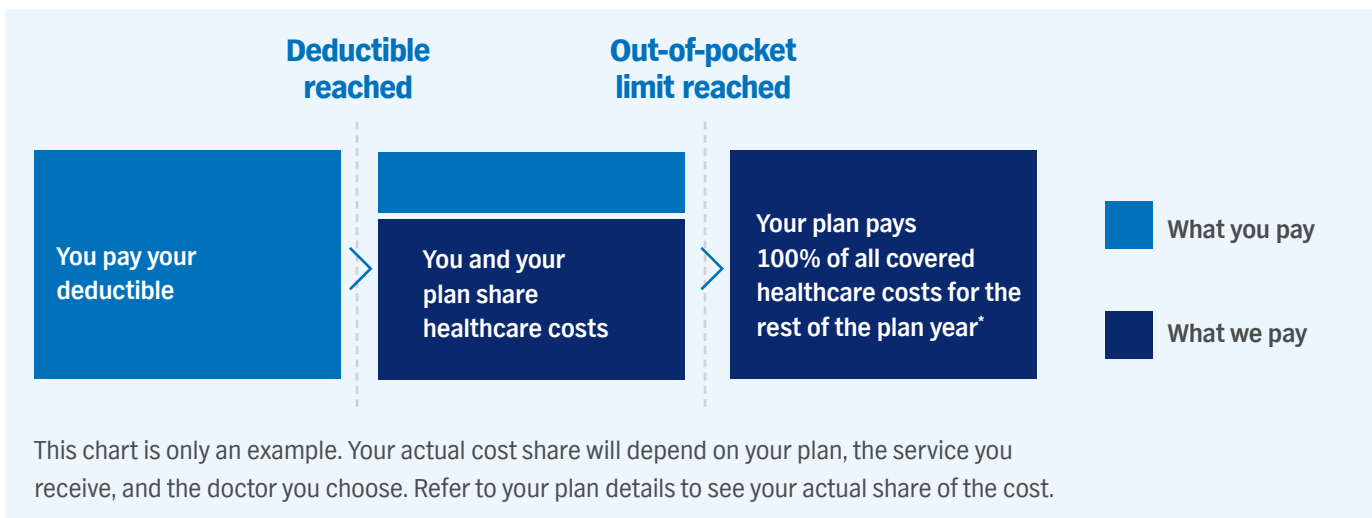
Out-of-pocket limit:

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.

Premium:

The premium, also called a monthly payment, is what you pay for the plan. It's the money that comes out of your paycheck.

What you pay and what your plan pays



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

Your health savings account

Frequently asked questions

FAQ topics

Health savings account (HSA)

- Making contributions to your HSA
- Tax benefit

Your privacy



Health savings account (HSA)

Q. What is an HSA?

- A. An HSA is a tax-free savings account that's paired with a high-deductible health plan (HDHP). By law, to open or contribute to an HSA, your medical plan must be a qualified HDHP. The required deductible is set by the Internal Revenue Service (IRS) each year. The limit for 2023 is \$7,750. You can use the money in your HSA to pay for qualified medical expenses (QME). For a full list of QMEs, visit qme.anthem.com. You can also save money in your HSA for future healthcare costs. The account grows with interest and you have investment options after your account reaches a minimum balance of \$1,000. The HSA belongs to you and the money in the account is yours to keep, even if you leave your employer.

Q. How is my HSA funded?

- A. Your HSA is funded by pretax contributions, up to a certain annual limit. If you choose to contribute money to your HSA after taxes are taken out, you can claim the contributions on your tax return. Others, – including your employer, – may contribute to your account as well. You can earn additional dollars for your HSA by taking certain steps to improve your health. The total of all contributions cannot be more than the maximums defined by the IRS. (See the question: How much can I contribute to my HSA? for details.)

The IRS has specific rules on who can open an HSA. See those rules in [IRS Publication 969](#).¹



Health savings account (HSA)

continued from page one

Q: I'm a veteran with a service-connected disability. Can I contribute to an HSA?

A. Yes. A 2016 amendment to the eligibility rules allows veterans with a high-deductible health plan, no disqualifying coverage, and a service-connected disability to make or receive HSA contributions, regardless of when they received benefits from the Department of Veterans Affairs (VA). This amendment also applies to contributions from the veteran's employer. Veterans with a service-connected disability are not blocked from HSA eligibility because they accessed VA benefits in the past three months.

If a veteran receives VA medical benefits for a non-service-connected disability during the prior three months, they are not eligible to make or receive HSA contributions.

Q. Can I have an HSA if my spouse is on Medicare?

A. Yes, as long as you're not enrolled in Medicare and you meet the IRS eligibility requirements for an HSA. If you contribute to an HSA and cover your spouse on your plan, you can use your HSA funds to pay for qualified medical expenses for you and your spouse on Medicare.

Q. My spouse is enrolled in Medicare. Can they also be enrolled as a dependent on my HSA?

A. Yes, but your spouse cannot open an HSA account in their name. You may use your HSA to pay for qualified medical expenses for you and your spouse on Medicare.

Q. Who can use the money in an HSA?

A. The money can be used to pay for qualified medical expenses for you, your spouse, or any IRS-qualified dependent who you claimed on your income taxes, even if they're not covered on your health plan. Talk with a tax advisor to find out if these rules apply to your tax situation. You can also go to [irs.gov](https://www.irs.gov) to find out who qualifies as a dependent.

Q. I am enrolled in an HSA. Can I continue to contribute to my spouse's HSA and use their bank?

A. You and your spouse can continue to make contributions to their HSA, but you can't contribute more than the IRS family contribution maximum between both accounts. For 2023, the family contribution maximum is \$7,750.

Q. My child is under 26, but I no longer claim them on my taxes. Can I still cover them using my HSA?

A. The IRS has specific rules about covering children and children of divorced or separated parents. Please see [IRS Publication 969](#)¹ and talk with a tax advisor. You can cover dependents under age 26 but you can't use your HSA for their expenses unless they meet the following requirements:

- You can claim the child on your tax return.
- Your child is under age 19, or age 24 if a full-time student or totally and permanently disabled.

Dependents who don't qualify to receive funds from your HSA may qualify to open their own HSA and could be permitted to contribute up to the family maximum (for 2023, this is \$7,750). They can contact a financial institution to discuss how to set up a separate HSA.

Health savings account (HSA)

continued from page two

Q. What's the difference between an HSA and a healthcare flexible spending account (HCFSAs)?

A. Both HSAs and HCFSAs can be funded with-pretax dollars and can be used to pay for qualified medical expenses. However, HSA balances roll over from year to year, while HCFSAs are generally forfeited if not spent during a 12-month period. Additionally, if you leave your employer, your HSA dollars are yours to keep but HCFSAs are forfeited.

Q. Can I have an HSA and an FSA?

A. Yes, you can have both an HSA and a compatible FSA, as long as it's defined as a:

- **Limited-Purpose FSA**, which may be limited to dental or vision services.
- **Post-Deductible FSA**, which also allows for dental or vision services, as well as paying for coinsurance under the traditional health component of your plan, after meeting the deductible.
- **Dependent Care FSA**, you can use tax-exempt funds to pay for childcare expenses that you incur while at work. Employees can also use FSAs to cover adult daycare expenses for elderly family members who live in the home.
- **Commuter Benefits**, to pay for work transportation and parking. You have until to use the funds in this account or the funds will be forfeited.

Making contributions to your HSA

Q. How much can I contribute to my HSA?

A. The annual contribution maximum in 2023 is \$3,850 for individual coverage and \$7,750 for family coverage. The maximums are set by the IRS and may increase every year due to inflation. Check [irs.gov](https://www.irs.gov) for the most current maximum amounts.

Q. Can I ever contribute more than the annual limit?

A. Yes, people age 55 and older who are not enrolled in Medicare can contribute an extra \$1,000 above the regular limits. This is called a "catch-up contribution." These individuals can make catch-up contributions each year until they enroll in Medicare.

Only the account holder can make catch-up contributions. The contribution amounts allowed are subject to proration if you are enrolled in the plan less than 12 months or under other circumstances. Catch-up contributions can be made in the same way your regular contributions are made.

Making contributions to your HSA

continued from page three

Q. What if my spouse has an HSA, too?

A. The chart below explains different situations:

If your spouse:	And you have:	Then, the IRS:
Has PPO (preferred provider organization) self + children coverage.	HDHP (high-deductible health plan) self-only coverage.	Treats you as having single coverage and only you may set up an HSA. You may contribute up to \$3,650.
Has HDHP self-only coverage with a \$1,500 deductible.	HDHP self + child coverage with a \$3,000 deductible.	Treats you both as having family coverage, and combined you may contribute up to \$7,750 to your HSAs.
Has HDHP self + family coverage with a \$3,000 deductible.	HDHP self + spouse coverage with a \$3,000 deductible.	Treats you both as having family coverage, and combined you may contribute up to \$7,750 to your HSAs.
Is enrolled in Medicare.	HDHP self + family coverage only.	Will only allow you to set up an HSA. You may contribute up to \$7,750.

Q. Does tax filing status (joint vs. separate with my spouse) affect my HSA contribution?

A. Tax filing status does not affect your contribution. Contribution limits are based on whether you have single or family medical plan coverage, not your tax filing status.

Q. Can I use my HSA to pay for eligible expenses for my spouse even if we file our taxes separately?

A.: Yes, the IRS requirements simply refer to eligible expenses for the “spouse” — they do not include requirements for filing jointly or separately.

Q. Can I contribute to an HSA if my spouse has an HCFSA?

A. Usually, a healthcare FSA covers the expenses of the participant and their spouse and dependents. If your spouse has an HCFSA, it most likely covers your healthcare costs. If so, then you won't be able to make contributions to your HSA.

There are exceptions to this rule. An example if your spouse's HCFSA is a limited-purpose HCFSA that only covers dental and vision costs. See [IRS Publication 502](#).²

Q. Can I use my HSA to pay for medical expenses I had before my account was set up?

A. No, you cannot be reimbursed for qualified medical expenses from before the date your HSA was established.

Making contributions to your HSA

continued from page four

Q. What happens if I have a medical expense early in the year and there isn't enough money in my HSA to cover my out-of-pocket costs?

A. An HSA works like a bank account. You can only spend what's in the account. However, you can wait to start the reimbursement process for services incurred after you enrolled in your HSA until you have more funds in your account. You can also set up recurring payments for larger expenses as the HSA is funded.

Q. Are dental and vision care considered qualified medical expenses for the purposes of an HSA?

A. Yes, many dental, orthodontia, and eye care expenses are considered qualified medical expenses. However, cosmetic procedures, such as cosmetic dentistry, are not be considered a qualified medical expense. For a detailed list, please use the QME tool at qme.anthem.com.

Q. How can I find out more about HSA regulations?

A. Go to the U.S. Treasury website at treasury.gov and enter HSA in the search box. You may also read [IRS Publication 969](#).¹

Q. I am enrolled in a health reimbursement account (HRA). What happens to that money if I choose an HSA for 2023?

A. Unused funds from your HRA will be transferred to a separate account. The funds in this account do not count toward the annual contribution maximum for HSAs. The funds in this account will automatically be used to lower your coinsurance for healthcare costs you have after you meet your annual deductible.

Q. Are any administrative fees charged to my HSA?

A. Yes, see a [list of standard administrative and other related fees](#) that may be charged to your HSA by your administrator.

Q. Do I have to use funds from my HSA to pay for healthcare costs?

A. No, you may pay out of pocket with after-tax dollars and let your HSA balance grow tax-free.

Q. How does the money I contribute to my HSA help me save on taxes?

A. Any money you contribute to your HSA is (federal) tax-deductible. That means it's not counted as taxable income for the year. If you put \$1,000 into your HSA, your adjusted gross income for the year is reduced by \$1,000, which could lower what you owe for taxes, depending on your tax status.

Tax Benefits

Q. What are the tax benefits of an HSA?

A. There are several benefits:

- Contributions to the account are tax-free.
- Any investment and interest earned in your account are (federal) tax-free.
- Withdrawals from the account for qualified medical expenses are (federal) tax-free.
- Depending on the state where you live, you may save on state taxes as well.

Your privacy

Q. Is your website secure?

A. Yes, our customer-only website is secure and password-protected. Your personal information is kept safe using the highest encryption level available.

Q. What is your privacy policy?

A. You can read the Privacy Policy anytime at [anthem.com](https://www.anthem.com).

Do you have additional questions?

Connect with us online at [anthem.com](https://www.anthem.com), or call Member Services at the number on your ID card.

The information included does not constitute legal, tax, or benefit plan design advice. We strongly encourage you to consult with a tax advisor before establishing a health savings account. Any health savings account will be established between the individual account holder and the HSA custodian or trustee. Anthem is responsible for the administration of the health plan, and the custodian is responsible for the administration of the HSA.

¹ Internal Revenue Service. Publication 969, Health Savings Accounts and Other Tax-Favored Health Plans (January 6, 2022): [irs.gov/pub/irs-pdf/p969.pdf](https://www.irs.gov/pub/irs-pdf/p969.pdf).

² Internal Revenue Service. Publication 502, Medical and Dental Expenses (Including the Health Coverage Tax Credit) (January 11, 2022): [irs.gov/pub/irs-pdf/p502.pdf](https://www.irs.gov/pub/irs-pdf/p502.pdf).

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Is that covered under your HSA qualified medical expenses?

Find out if it is – or if it's not – using this helpful guide

Some expenses not covered by your health insurance plan may be covered by your health savings account (HSA) funds. The IRS calls these “qualified medical expenses.” These expenses generally help diagnose, treat or stop an injury, illness or physical defect. Let's take a look at some examples of qualified medical expenses:

Qualified over-the-counter items

- Band aids
- Birth control
- Braces and supports
- Contact lens solution and supplies
- Elastic bandages and wraps
- First-aid supplies
- Reading glasses



Qualified medical expenses

- Abortion
- Acupuncture
- Alcoholism treatment
- Ambulance
- Anesthetist
- Artificial limbs
- Autoette when used for relief of sickness or disability
- Birth control pills, if prescribed
- Blood tests
- Blood transfusions
- Breast reconstruction surgery following a mastectomy for cancer
- Cardiographs
- Chiropractor
- Christian Science practitioner
- Contact lenses
- Contraceptive devices, if prescribed
- Crutches
- Dental treatment
- Dental X-rays
- Dentures
- Devices used to diagnose and treat an illness or disease
- Dermatologist
- Diagnostic fees
- Drug addiction therapy
- Drugs, if prescribed
- Eyeglasses
- Fees paid to a health institute prescribed by a doctor
- Guide dog
- Gum treatment
- Health-related transportation expenses
- Hearing aids
- Procedures to overcome an inability to have children
- Psychoanalysis
- Psychologist
- Psychotherapy
- Radium therapy
- Registered nurse
- Special school costs for the handicapped
- Spinal fluid test
- Splints
- Sterilization
- Surgeon
- Telephone or TV equipment to help the hard of hearing
- Therapy equipment
- Ultraviolet ray treatment
- Vaccines
- Vasectomy
- Vitamins, if prescribed
- Wheelchair
- X-rays

Think twice about using your HSA for nonqualified medical expenses

While some expenses are qualified, others may be what the IRS calls “nonqualified medical expenses.” If you use your HSA funds to pay for these types of expenses, you’ll have to pay income taxes on those funds and a 20% penalty. Here are some examples of nonqualified medical expenses:

Nonqualified over-the-counter medicine — unless you have a prescription

- Acid controllers
- Acne medicine
- Allergy and sinus medicine
- Antibiotics
- Anti-itch and insect bite medicine
- Cough, cold and flu medicine
- Eye drops
- Indigestion medicine
- Laxatives
- Motion sickness medicine
- Nasal sprays
- Ointments and creams
- Pain relief medicine
- Breathing treatments
- Sleep aids and sedatives
- Upset stomach medicine



Nonqualified medical expenses:

- Advance payment for next year’s services
- Athletic club membership
- Automobile insurance premium allocable to medical coverage
- Boarding school fees
- Bottled water
- Traveling expenses of a disabled person
- Cosmetic surgery and procedures
- Cosmetics, hygiene products and similar items
- Funeral, cremation or burial expenses
- Health programs offered by resort hotels, health clubs and gyms
- Illegal operations and treatments
- Illegally obtained drugs
- Maternity clothes
- Nonprescription medicine
- Premiums for life insurance, income protection, disability, loss of limbs, sight or similar benefits
- Scientology counseling
- Social activities
- Special foods and beverages
- Specially designed car for the handicapped other than an Autoette or special equipment
- Swimming pool
- Travel for general health improvement
- Tuition and travel expenses to send a child with behavior problems to a particular school
- Weight-loss programs

Still not sure if it’s a qualified or nonqualified medical expense?

Check out the IRS publication titled *Medical and Dental Expenses*; number 502. You can order a copy of it by calling **1-800-TAX-FORM (1-800-829-3676)** or read it online at [irs.gov/pub502](https://www.irs.gov/pub502). If you need tax advice, please contact a tax professional.



How to make the most of your health savings account

Your health plan comes with a health savings account (HSA), which is designed to give you more control over your healthcare spending. An HSA saves you money by lowering your taxable income, and you have flexibility with how you save and spend your healthcare funds.

How an HSA works

You set aside pre-tax dollars to pay for current and future qualified medical expenses. The amount you decide to set aside is taken out of your paycheck and placed in your account. Your employer will also contribute \$500 per individual and \$1,000 per family to your account. In 2023, the total contribution limit is \$3,850 for an individual and \$7,750 for a family. If you're 55 or older, you can contribute an extra \$1,000 a year. Any money left in your HSA rolls over from year to year. It is yours to keep even if you change health plans or jobs, or retire.

Managing your health plan and HSA is easy

Register your account on the Sydney HealthSM mobile app or **anthem.com** to:

- Quickly check your HSA account balance.
- Review your plan benefits and claims.
- Choose to receive eStatements to avoid paying a monthly paper statement fee.



Be sure to activate your debit card

You can activate your debit card as soon as it arrives in the mail. Use it to pay for doctor visits, dental and vision services, prescriptions, urgent care, lab tests, and other qualified healthcare expenses. Visit [anthem.com/qme](https://www.anthem.com/qme) for a full list of qualified medical expenses. ▶

How to make the most of your HSA

Follow these two tips to earn the most benefits from your new HSA account:

1 Combine your HSAs if you have more than one

If you have an HSA from a previous employer, you can move your funds to your new HSA. This can help make using and managing your account easier, as you will:

- Have one debit card, one mobile app, one statement, and one Member Services team.
- Stop paying fees to your other HSA custodian.
- Have only one account to manage during tax time.

How to transfer your HSA

- Log in to [anthem.com](https://www.anthem.com) and go to **Spending Accounts** under **My Plan** and select **Manage My Account**. From the menu, select **Resources** and then **HSA Transfer**. If you see your HSA custodian's icon, you can click on it and complete the form online. If you don't see your HSA custodian, go to our **Forms** page, under the **Resources** tab, and print the **Transfer of Assets** form. You can complete, sign, and return the form to your employer or send it to your previous HSA custodian.
- You can also contact your previous HSA custodian online or by phone to verify your HSA balance and choose how to have your HSA dollars rolled over. Then, you can deposit your funds into your new HSA.

2 Grow your HSA funds by investing them

- If your HSA balance is more than \$1,000, you may be able to invest that money in a mutual fund.* Log in to [anthem.com](https://www.anthem.com), select **Spending Accounts** under the **My Plan** tab, and choose **Manage My Account**. Then go to the **Investment** tab to learn more.



Explore more tips and tools

To learn more about your plan's benefits and tools that can help you manage your healthcare expenses: Log in to [anthem.com](https://www.anthem.com) and select **Spending Accounts** under **My Plan**.

Visit the **How It All Works** tab to find tips on using your HSA, plus a spending account calculator you can use to help manage your expenses for the year.

Do you have questions?

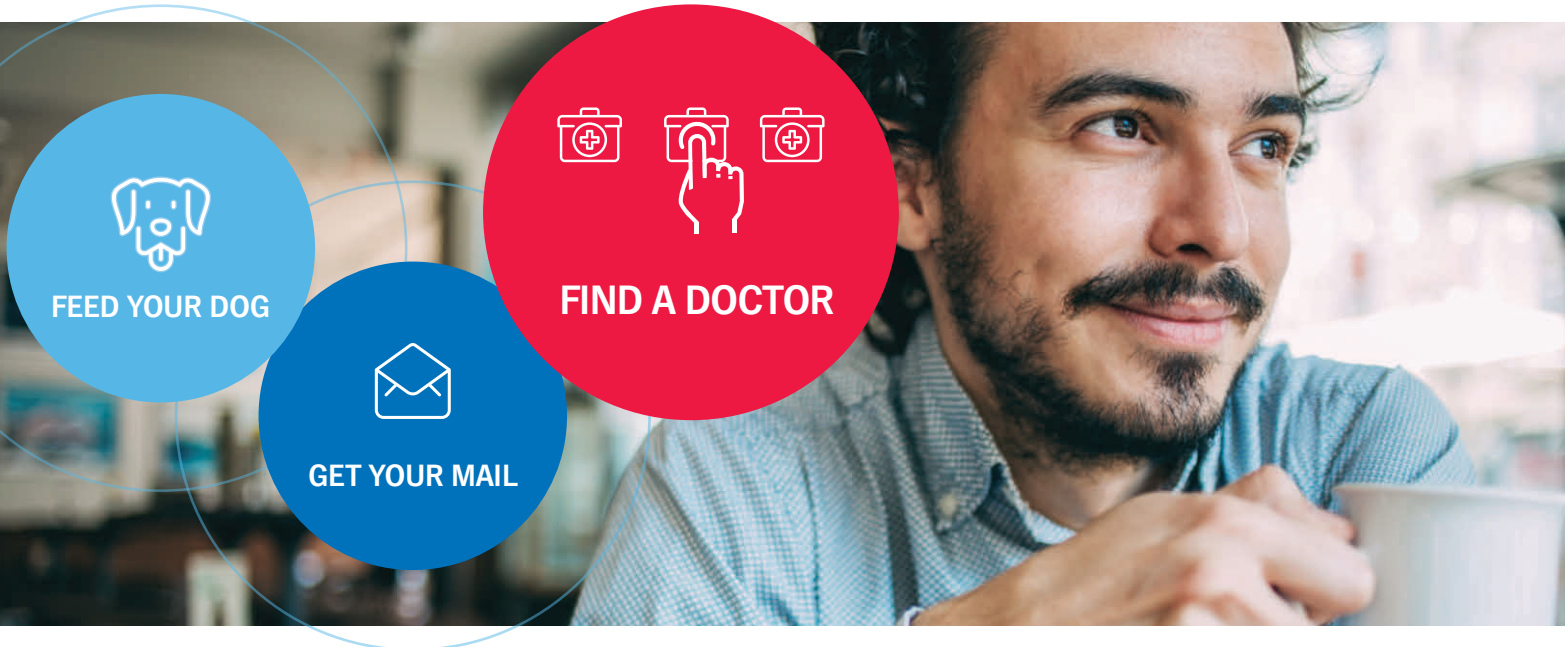
Use the secure **Message Center** at [anthem.com](https://www.anthem.com) or call the **Member Services** number on the back of your ID card or HSA debit card.

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WHAT CAN YOU DO IN A MINUTE?



HERE'S HOW

1 If you're already a member:

- Go to [anthem.com/find-doctor](https://www.anthem.com/find-doctor).
- Log in or use your Member ID card under Search as a Member.
- Once you're logged in, the search will automatically include doctors and other providers in your plan.
- Enter the search categories based on what you need and hit **Search**.
- Your search results will appear.

If you're not yet a member:

- Go to [anthem.com/find-doctor](https://www.anthem.com/find-doctor).
- Scroll down to Search as a Guest and choose **Continue**.
- Select the best answers from each drop-down menu and hit **Continue**.
- Your search results will appear.

2 When you select a doctor (or other provider) in your results list, you'll find out more about:

- Training
- Languages spoken
- Phone number
- Satisfaction and quality information
- Specialties
- Address and map



NOT AT HOME? GO MOBILE!

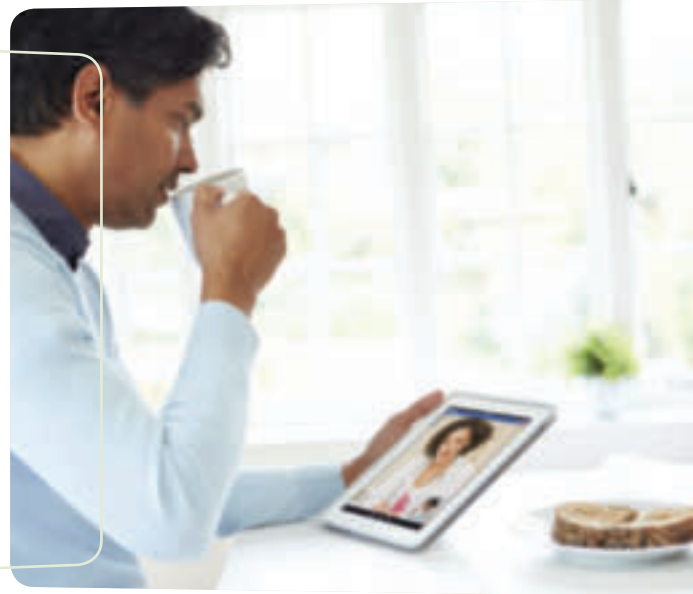
Anthem makes it easy for you to find a doctor, hospital and more on your mobile device. Just download our free Anthem Anywhere app from the App Store® or Google Play™.

**SIMPLE SOLUTIONS
THAT MAKE HEALTH
CARE EASIER ...
SO YOU CAN SAVE TIME
AND MONEY.**

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At home or on the go, doctors and mental health professionals are here for you.

Using LiveHealth Online, you can have a private video visit on your smartphone, tablet or computer.



When you're not feeling well you can get the support you need easily using LiveHealth Online. Whether you have a cold, you're feeling anxious or need help managing your medication, doctors and mental health professionals are right there, ready to help you feel your best. Using LiveHealth Online you can have a video visit with a board-certified doctor, psychiatrist or licensed therapist from your smartphone, tablet or computer from home or anywhere.

On LiveHealth Online, you can:

- **See a board-certified doctor 24/7.** You don't need an appointment to see a doctor. They're always available to assess your condition and send a prescription to the pharmacy you choose, if needed.¹ It's a great option when you have pink eye, a cold, the flu, a fever, allergies, a sinus infection or another common health issue.
- **Visit a licensed therapist in four days or less.**² Have a video visit with a therapist to get help with anxiety, depression, grief, panic attacks and more. Schedule your appointment online or call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.
- **Consult a board-certified psychiatrist within two weeks.**³ If you're over 18 years old, you can get medication support to help you manage a mental health condition. To schedule your appointment call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.

You've got access to affordable and convenient care

Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs — usually \$59 or less for medical doctor visits, and a 45-minute therapy or psychiatry session usually costs the same as an office mental health visit.

Sign up for LiveHealth Online today – it's quick and easy

Go to livehealthonline.com or download the app and register on your phone or tablet.



See a Spanish-speaking doctor with Cuidado Médico on LiveHealth Online



LiveHealth
ONLINE

1 Prescription availability is defined by physician judgment and state regulations. Visit the home page of livehealthonline.com to view the service map by state.

2 Appointments subject to availability of a therapist.

3 Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using LiveHealth Online. Psychiatrists on LiveHealth Online will not offer counseling or talk therapy. Appointments subject to availability.

Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

If you're a retiree or have coverage that complements your Medicare benefits, your employer sponsored health plan may not include coverage for online visits using LiveHealth Online. Check your plan documents for details. You can still use LiveHealth Online, but you may have to pay the full cost of a visit. Online visits using LiveHealth Online may not be a covered benefit for HRA and HIA+ members.

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

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When you're not feeling well, Sydney Health can help

Check your symptoms and connect with a doctor through the app



The SydneySM Health mobile app is a quick and convenient way to assess your symptoms when you're sick and connect with a doctor, wherever you are.



Assess your symptoms

Start with the Symptom Checker and answer a few questions about how you are feeling. You'll receive information and advice tailored to your gender, age, and medical history. The Symptom Checker was built with doctors and medical professionals. It intuitively uses the information you provide to narrow down millions of medical data points and assess your specific symptoms before you even see a doctor.



Connect with a doctor

The app can connect you to a board-certified doctor through a Virtual Text Visit or Video Visit right from your phone or tablet.

Virtual Text Visits offer the convenience and privacy of texting with a qualified doctor anytime, anywhere. Through a Virtual Video Visit, the doctor will be able to see what you're experiencing and diagnose your symptoms. They can talk about your treatment options and order prescriptions and labs, as needed. They can also let you know whether you need an in-person visit as a next step.



Save money

The Sydney Health Symptom Checker is free. Virtual Text Visits cost less than most copays, at \$19 or less per visit depending on your plan. Virtual Video Visits through LiveHealth Online are \$59 or less, depending on your plan.



Download the free Sydney Health mobile app today. You'll be able to check your symptoms when you're sick and connect to care directly from your mobile device.



Sydney Health is offered through an arrangement with CareMarket, Inc., a separate company offering mobile application services on behalf of Anthem Blue Cross and Blue Shield. ©2020-2021.

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Protecting your health and wellness

Discover no-cost programs that can help



Your health plan comes with programs to help you confidently care for your well-being. It doesn't matter what health issues you may be experiencing or even what stage of life you're in — there is a program for everyone.



ConditionCare

Managing chronic conditions, such as asthma, diabetes, chronic obstructive pulmonary disease (COPD), or heart disease requires extra care and attention. To help you be at your best, the ConditionCare program offers free resources, including:

- 24/7 phone access to nurses who can address your health questions and concerns.
- Support from healthcare professionals to help you reach your health goals.
- Educational guides and useful tools to help you learn more about a certain condition.

Connect with the support you need

Call to access any of these programs at no extra cost:

- ConditionCare: 866-962-0959
- Future Moms: 800-828-5891
- 24/7 NurseLine: 800-337-4770



Future Moms

Preparing to have a baby can be exciting, but it may also feel overwhelming. The Future Moms program has supportive resources to ease your mind and help you have a healthy pregnancy. Sign up to take advantage of:

- 24/7 access to nurses who will answer your questions and check on you throughout pregnancy.
- A free copy of *Mayo Clinic Guide to a Healthy Pregnancy*.
- A free screening to check your health risks.
- Educational resources on making healthy decisions during pregnancy.
- Phone access to pharmacists, nutritionists, and other specialists.
- Labor and delivery information, including birthing options and how to prepare.



24/7 NurseLine

When your allergies flare up on the weekend or your little one spikes a fever at 3 a.m., you can ask a registered nurse for advice by calling 24/7 NurseLine. Nurses are ready any time of the day or night to:

- Answer your questions.
- Recommend where to go for care when your doctor isn't available.
- Help you find healthcare professionals in your area.
- Enroll you and your dependents in health management programs.
- Remind you about important preventive screenings and exams.



Save money with discounts at [anthem.com](https://www.anthem.com)

As an Anthem member, you qualify for discounts on products and services that help promote better health and well-being.* These discounts are available through SpecialOffers to help you save money while taking care of your health.

Vision, hearing and dental

Glasses.com™ and 1-800-CONTACTS® — Shop for the latest brand-name frames at a fraction of the cost for similar frames at other retailers. You are also entitled to an additional \$20 off orders of \$100 or more, free shipping and free returns.

EyeMed — Take 30% off a new pair of glasses, 20% off non-prescription sunglasses and 20% off all eyewear accessories.

Premier LASIK — Save \$800 on LASIK when you choose any “featured” Premier LASIK Network provider. Save 15% with all other in-network providers.

TruVision — Save up to 40% on LASIK eye surgery at more than 1,000 locations.

Nations Hearing — Receive hearing screenings and in-home service at no additional cost. All hearing aids start at \$599 each.

Hearing Care Solutions — Digital instruments start at \$500, and a hearing exam is free. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, batteries for two years and unlimited visits for one year.

Amplifon — Take 25% off, plus an extra \$50 off one hearing aid; \$125 off two.

ProClear™ Aligners — Take \$1,200 off a set of custom aligners. You can improve your smile without metal braces and time-consuming dental visits. Your order is 50% off and comes with a free whitening kit.



Fitness and health

Active&Fit Direct™ – Active&Fit Direct allows you to choose from more than 11,000 participating fitness centers nationwide for \$25 a month (plus a \$25 enrollment fee and applicable taxes). Offered through American Specialty Health Fitness, Inc.

FitBit – Work toward your fitness goals with Fitbit trackers and smartwatches that go with your lifestyle and budget. Save up to 22% on select Fitbit devices.

Garmin – Take 20% off select Garmin wellness devices.

Jenny Craig® – Join this weight loss program for free. Jenny Craig provides you with everything you need, making it easier to reach your goals. You can save \$200 in food, in addition to free coaching, with minimum purchase. Save an extra 5% off your full menu purchase. Details apply.

ChooseHealthy® – Discounts are available on acupuncture, chiropractic, massage, podiatry, physical therapy and nutritional services. You also have discounts on fitness equipment, wearable trackers and health products, such as vitamins and nutrition bars.

GlobalFit – Discounts apply on gym memberships, fitness equipment, coaching and other services.

Family and home

23andMe – Take \$40 off each Health + Ancestry kit. Save 20% on a 23andMe kit and learn about your wellness, ancestry and more.

Safe Beginnings® – Babyproof your home while saving 15% on everything from safety gates to outlet covers.

Nationwide Pet Insurance – Receive an automatic 5% discount when you enroll through your company or organization. Save up to 15% when you enroll multiple pets.

ASPCA Pet Insurance – Take 5% off pet insurance. You can choose from three levels of care, including flexible deductibles and custom reimbursements.

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

LifeMart® – Take advantage of great deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services and yoga classes, sports gear and vision care.

Medicine and treatment

SelfHelpWorks – Choose one of the online Living programs and save 15% on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep or face an alcohol problem.

Brevena – Enjoy a 41% discount on BREVENA® skin care creams and balms for smooth, rejuvenated skin from face to foot.

Puritan's Pride® – Choose from a large selection of discounted vitamins, minerals and supplements from Puritan's Pride.

Allergy Control Products and National Allergy Supply – Save up to 25% on select doctor-recommended products such as allergy-friendly bedding, air purifiers and filters, asthma products and more. Orders over \$59 ship for free by ground within the contiguous U.S.

To find the discounts available to you, log in to [anthem.com](https://www.anthem.com), choose **Care** and select **Discounts**.

Your SpecialOffers discounts are part of our effort to support your personal health journey. Taking care of your health can be easier with the savings offered through your health plan.

*** All discounts are subject to change without notice.**

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Don't worry, this is not a bill.

Jane Q. Member
123 Main Street, Apt #2
Indianapolis, IN 46268

Hi Jane — Here's your
Health Care Summary
November 12, 2020.

Also called an Explanation of Benefits (EOB), it shows you the care you received and who paid for it. Your EOB also includes information about saving money on health care and tips for staying healthy.

Need help in a different language? Call us.
¿Necesita ayuda en español? Llámenos.
1-800-123-456

Helpful resources



Use **Sydney Health**, the *Anthem Blue Cross member mobile app*, or **anthem.com** to check on claims, review your benefits and find care.
Text Sydney to 268436 to download the Sydney Health app.



Call
1-800-123-4567 TTY/TDD: 711

 **Look for 2 savings opportunities inside!**

Claims summary

Doctor/facility charges:	\$983.00
Your discounts:	– 584.03
Due to your doctor/facility (max allowed):	\$398.97
Anthem Blue Cross paid:	– 0.00

What you pay: \$398.97

Preventive care reminders*

For Jane

- Breast cancer screening
- Colon cancer screening
- Diabetes check

For Tom

- Child well-care visit
- Flu shot

For Ben

- Child well-care visit
- Flu shot

* Your checklist is based on age and gender guidelines from the Centers for Disease Control and Prevention. If you have been to the doctor recently, it may not reflect your most recent services.

Tips and tools



Want us to email you instead?
Sign up to receive EOBs by email instead of mail.
Use our **Sydney Health** mobile app or log in to **anthem.com** to change your profile.

Urgent care without the urgent cost

If it's not an emergency, try an urgent care instead of the ER. It could save you an average of \$500. **UrgentCare Indy** is close by at 7911 N Michigan Rd, Indianapolis, IN 46268, 1-317-960-3278.

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2020 year-to-date summary

Jane Q. Member Member ID: WWW900W90909 Coverage: Individual + Child(ren)
 Group ID: 000123 - ABCDEFG Corporation

Plan deductible	In-network deductible	Applied to date	Remaining deductible	Out-of-network deductible	Applied to date	Remaining deductible
Individual						
Jane Q. Member	\$1,500.00	-\$500.00	\$1,000.00	\$2,500.00	-\$750.00	\$1,750.00
Tom F. Dependent	\$1,500.00	-\$500.00	\$1,000.00	\$2,500.00	-\$100.00	\$2,400.00

Family	\$4,000.00	-\$1,000.00	\$3,000.00	\$6,000.00	-\$1,000.00	\$5,000.00
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Out-of-pocket (OOP) maximum	In-network OOP max	Applied to date	Remaining OOP max	Out-of-network OOP max	Applied to date	Remaining OOP max
Individual						
Jane Q. Member	\$4,000.00	-\$1,000.00	\$3,000.00	\$8,000.00	-\$1,060.00	\$6,940.00
Tom F. Dependent	\$4,000.00	-\$750.00	\$3,250.00	\$8,000.00	-\$1,000.00	\$7,000.00

Family	\$6,000.00	-\$2,000.00	\$4,000.00	\$10,000.00	-\$3,000.00	\$7,000.00
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Copay is the flat-dollar amount you may pay for health care, such as doctor visits.

Deductible is the amount you pay for health care before we start sharing the cost.

Out-of-pocket maximum is the most you'll pay for covered health care in your plan year. After that, we'll pay for all your covered health care.

Need more information? Go to [anthem.com/glossary](https://www.anthem.com/glossary).

Claims details

Don't recognize these services?
Call the Fraud Hotline at 1-800-987-6543

Jane Q. Member | Claim number: 1234567891255 | Received: 11/5/20 | Doctor: Jennifer Jones, MD (Not in your plan)

Going to this doctor uses out-of-network benefits — if your plan has them.

Service date	Service	Reason code	Doctor charges	Your discounts	Due to your doctor (max allowed)	Anthem Blue Cross paid	Copay	Deductible	Your share of the cost (coinsurance)	Services not covered	Your total cost
10/22/20	Special services		175.00	0.00	175.00	0.00	0.00	175.00	0.00	0.00	= 175.00
Totals:			175.00	0.00	175.00	0.00	0.00	175.00	0.00	0.00	= \$175.00

You pay \$175.00.
Here's how it breaks down.

Savings Opportunity Our members save an average of \$123.25 by seeing a doctor in their plan. Use our [Sydney Health mobile app](#) or [anthem.com](#) to find doctors in your plan.

Tom Dependent | Claim number: 1234567891255 | Received: 11/9/20 | Hospital: Methodist Hospital (in your plan)

Going to this hospital uses in-network benefits. That's your best value.

Service date	Service	Reason code*	Hospital charges	Your discounts	Due to your hospital (max allowed)	Anthem Blue Cross paid	Copay	Deductible	Your share of the cost (coinsurance)	Services not covered	Your total cost
10/24/20	ER Visit	066	808.00	584.03	223.97	0.00	0.00	223.97	0.00	0.00	= 223.97
Totals:			808.00	584.03	223.97	0.00	0.00	223.97	0.00	0.00	= \$223.97

You pay \$223.97.
Here's how it breaks down.

*066: You don't pay the "Your discount" amount. This is the benefit to using doctors/facilities in one of our plans.

Savings Opportunity You should always go to the ER or call 911 when it's an emergency. If it's not, try going to urgent care. It could save you time and money. UrgentCare Indy is close by at 7911 N Michigan Rd, Indianapolis, IN 46268, 1-317-960-3278.

Your appeal rights.

Any time you pay for a portion of your care, you have the right to question whether we calculated it correctly. We call that your appeal rights.

Call us at 1-800-123-4567

- Ask for help understanding this notice.
- Talk through your portion and our portion of these service costs, including any denials.

If you think something should have been covered (in whole or in part), but it wasn't, or it wasn't covered in the way you think it should be — you can appeal it and we'll take another look.

Here's how you file an appeal. Check your plan benefits for how long you have to file an appeal. Usually it's within 180 days of when we told you our decision. You or someone acting for you can send us a note saying you want to appeal. You can do this by secure message on [anthem.com](https://www.anthem.com). Make sure to select Grievances/Appeals as the subject of your message.

Or send us a note in the mail to:

Grievances and Appeals

P.O. Box 105568

Atlanta, GA 30348-5568

Be sure your appeal includes:

- Patient information: name, member ID, address, phone number, date of birth
- Claim information: date(s) of the service, your doctor's name/address/phone number
- Any other information about your claim that you think is important

Do it online or in writing if you can. Or check your benefits booklet or plan documents to see if you can file an appeal by phone.

To ask for an expedited appeal or expedited review by someone outside our company — you, your doctor or someone acting for you can call the Member Services number on your ID Card or by mailing to the address provided for appeals.

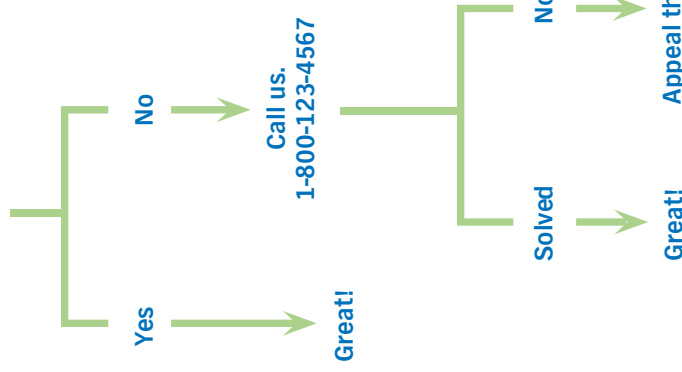
Ask for more information on your claim — it's free. Call us to receive billing, diagnosis or treatment codes and their meanings, or any other information we used to decide your claim, anytime. This includes any new or additional evidence or reasons for the decision on your claim. If we decided that any of the services are experimental or aren't medically necessary, or used a guideline, criteria or clinical rationale in making our decision, you can receive a copy of it free of charge.

If you appeal, we'll review and give you a written decision within 30 calendar days from the date we received your appeal request. Check your benefits booklet to see if it gives a different time limit. If you still don't feel our response is right, or if you don't hear back from us in time, you may be able to ask for a review from someone outside our company, an independent third party. Their decision then is final.

Your health plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA). Once you have used all your mandatory appeal rights, you have one year from our appeal decision to bring an action in federal court under section 502(a)(1)(B) of ERISA, unless your plan provides for a longer period. Check your benefits booklet or plan documents to see if you have more time.

For questions about your rights or for help, call Employee Benefits Security Administration at **1-866-444-EBSA (3272)**.

Do your claims in this document look correct?



If you need a decision fast, call us. You can ask for an “expedited appeal,” and receive an answer in about 72 hours, unless your benefits booklet or plan documents states otherwise. Use this option if:

- Your life or health is in danger.
- In your doctor's opinion, your pain can't be adequately controlled while you wait.
- You had emergency services, but haven't been discharged from the facility



Discover your options for quick care

Find out about emergency room alternatives

When you're looking for care in a hurry, you want to receive it safely and quickly. If it's not a life-threatening emergency and your doctor isn't available, you have other options.

What to do when you need care fast



Step 1: Call your primary care doctor or Anthem's 24/7 NurseLine.

Your doctor can help you decide where to receive care, whether it's a visit to the office, the emergency room (ER), or somewhere else. If your doctor isn't available, you can call the Anthem 24/7 NurseLine at the number on the back of your ID card for guidance.



Step 2: If it's not an emergency, choose one of the options below to save time and money.

Depending on your needs, the following options are more convenient than the ER, and you can use them at night and on weekends to lower your chances of long wait times:

- **LiveHealth Online** — Have a video visit in minutes with a board-certified doctor 24/7 on your mobile device or computer. No appointment is needed. Go to livehealthonline.com or download the no-cost app to register.
- **Retail health clinic** — Typically located in a major pharmacy or retail store, you can receive basic health care services from a health care professional.
- **Walk-in doctor's office** — No appointment is needed for routine care and common illnesses.
- **Urgent care center** — For conditions that need care right away, urgent care is a convenient option if you need stitches, lab tests, or X-rays.





If you're an HMO member, talk to your primary care doctor to understand your options for quick care. Your doctor can also help you find quick care centers in your plan.



See the other side for examples of when to go to the ER or elsewhere. »

When you think it's a true emergency, call 911 or go to the nearest ER.

Where to receive care¹

	Type of care provider	Estimated average cost	For the following symptoms
 LiveHealth Online²	Board-certified doctors	\$59 or less³	<ul style="list-style-type: none"> • Minor allergic reactions • Minor headache • Nausea or diarrhea • Cold, cough, and sore throat • Minor sinus pain and fever • Eye or ear pain or irritation • Burning with urination
 Retail health clinic²	Physician assistants or nurse practitioners	\$75²	<ul style="list-style-type: none"> • Minor allergic reactions • Bumps, cuts, scrapes, or rashes • Burning with urination • Minor burns • Cold, cough, and sore throat • Minor sinus pain and fever • Eye or ear pain or irritation • Shots
 Walk-in doctor's office³	Family practice doctors	\$154³	Same as retail health clinic as well as: <ul style="list-style-type: none"> • Mild asthma • Back pain • Nausea or diarrhea • Minor headache
 Urgent care center³	Family practice and emergency medicine doctors	\$226³	Same as walk-in doctor's office as well as: <ul style="list-style-type: none"> • Animal bites • Sprains and strains • Stitches • X-rays

You can **save up to \$1,100** when you opt for care somewhere other than the emergency room when you need nonemergency care.^{1,2,5}



Look for care nearby

Download the **Sydney Health** app from the App Store® or Google Play™ to find an urgent care center, retail health clinic or walk-in doctor's office quickly. You can also find directions on the app.

When you need care quickly, you have options. We are here to help you find the right place to go.

1. If you use the ER and it's not a true emergency, your claim could be denied and you may be responsible for the full cost of your ER care.
2. National averages of the total cost, not what members paid, based on Anthem members' commercial paid claims from July 1, 2018, through July 1, 2019.
3. Dates of cost averages: January 1, 2019, through December 31, 2019.
4. Weighted average of levels 1, 2, and 3. Does not include levels 4 and 5. Dates of cost averages: January 1, 2019, through December 31, 2019.
5. If you get care from a health professional or facility that is not in your health plan, you may have much higher out-of-pocket costs.

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

Prior Authorization Pass program

All in-network doctors in Connecticut who meet certain criteria are able to participate in Anthem's Prior Authorization Pass program. Under this program, eligible doctors will no longer need to submit a request and wait for preapproval for Anthem members on more than 400 common outpatient medical procedures done in Connecticut.*

*Exceptions: BlueCard Host members, Federal Employee Program members, and New York State or New York City employees.

It's important we treat you fairly

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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>.

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).



Your plan is here for you to use

If you would like extra help

If you have questions, we are here to help. Contact us through our online Message Center or call the Member Services number on your ID card.



Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022.

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