



# 2025 open enrollment

Your guide to your health plan and benefits

Clermont County  
CEBCO

January 1, 2025

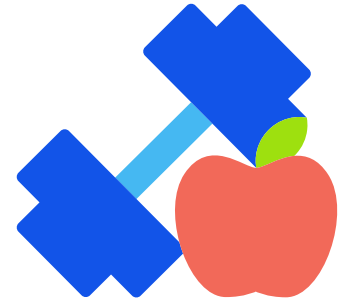


# Welcome to Anthem

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

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

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



### Why Anthem

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

#### The nation's largest network

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

#### No- or low-cost preventive care

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

#### Convenient virtual care

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

#### Health and wellness programs

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

<sup>1</sup> Elevance Health website: *Advancing Health Together* (May 2023): [advancinghealth.elevancehealth.com](https://advancinghealth.elevancehealth.com).

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

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

<sup>4</sup> 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.

<sup>5</sup> LiveHealth Online, internal data (2023).



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# Medical plans

## Review your options to find the right fit for your needs

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

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

### PPO

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

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

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

### HDHP

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

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

### Healthcare terms

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

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

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

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

### Find care



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

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

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



# Pharmacy benefits

## Reliable prescription drug coverage

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

### Your plan covers:

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

### Coverage requirements

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

- **Preapproval, also known as prior authorization:** This means Anthem needs to approve a drug before the pharmacy fills it.

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

### Review your drug list

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

Visit:

- [https://fm.formularynavigator.com/FBO/143/National\\_3\\_Tier\\_ABCBS.pdf](https://fm.formularynavigator.com/FBO/143/National_3_Tier_ABCBS.pdf)

### To understand pharmacy benefits:

- Review your medication list to see if your prescriptions are covered.
- Price a medication to find the best price in your plan's network, which can save you more when buying certain medicines.
- Check to make sure your local retail pharmacy is in your plan's network.
- Explore home delivery with CarelonRx Pharmacy for medicines you take regularly.
- Get more information on our specialty pharmacy once you have a health plan. Most specialty drugs are covered if you need them.
- Review the drug tier chart to see where your medicines fall and how to save money.

Drug type		Cost
Tier 1	Preferred generic drugs	\$
Tier 2	Preferred brand-name and newer, higher-cost generic drugs	\$\$
Tier 3	Nonpreferred brand-name and generic drugs	\$\$\$

### Your pharmacy options

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

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

**[anthem.com/pharmacyinformation/rxnetworks.html](https://www.anthem.com/pharmacyinformation/rxnetworks.html)**

and choose the Base Network list.

### Save with a 90-day supply

**Rx Maintenance 90:** After 2 30-day refills of medicine you take regularly, you'll be required to switch to a 90-day supply. Maintenance medicines can vary in amounts. Fill your 90-day supply with CarelonRx Pharmacy — our home delivery service — or an Rx Maintenance 90 retail pharmacy.

# Plan extras

## Extra benefits that support your whole health

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

### Condition support

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

#### 24/7 NurseLine

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

#### Autism Spectrum Disorder Program

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

#### Case Management

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

#### ConditionCare CORE

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



## Lark Diabetes Prevention Program

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

## Maternity

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

## Building Healthy Families

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

## Behavioral health

When life gets tough, it can be hard to remember you're not alone. Your Anthem health benefits include a variety of support for your mental health and emotional wellbeing, which can help you take better care of all the other things that matter in your life.

## Emotional Well-being Resources, Administered by Learn to Live\*

Emotional Well-being Resources is here to help you identify the thoughts and behavior patterns that affect your emotional well being — and work through them with online programs and personalized coaching. Learn effective ways to manage stress, depression, anxiety, and sleep issues.

\*Learn to live is an independent company offering online tools and programs for behavioral health support. Learn to Live is an education program and should not be considered medical treatment.

## Whole health connections

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

## SmartShopper®

This program helps you earn cash rewards for choosing low-cost, quality care providers. It also helps to lower your out-of-pocket costs for covered medical procedures or screenings. When your doctor recommends a procedure or test, you'll have access to a SmartShopper Personal Assistant Team.

## SpecialOffers

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

## Quality care options

Looking for a new specialist or lower cost options for surgery can be time consuming, but we have solutions to help. When you search for a doctor or facility on **anthem.com** or the **Sydney<sup>SM</sup> Health** app, we'll let you know which doctors or facilities provide quality care and are recognized for lower costs.

## Blue Distinction Centers

If you need substance use treatment, surgery, or another major procedure — such as bariatric surgery, cardiac care, knee or hip replacement surgery, spine surgery, a transplant, or cellular therapy — look for the Blue Distinction Centers for Specialty Care (BDC) or Anthem Centers of Medical Excellence (CME) designation. These care providers are recognized for quality care and better overall results.

## Total Care PCP

The primary care doctors in our Total Care program take a whole-health approach to your care. They take the time to make sure your overall care makes sense based on your health and care history, medications, and lab results. These care providers offer extended office hours with additional ways to receive care, such as by phone and email.

# Plan tools and resources

## Make the most of your benefits

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

### Find Care

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

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

### Anthem Health Guides

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

### Sydney<sup>SM</sup> Health app

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

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

# Your summary of benefits



## CEBCO

Anthem® Blue Cross and Blue Shield

Your Plan: Clermont County PPO Basic Copay Plan

Your Network: Blue Access

Effective Date: 1/1/2025

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
<b>Primary Care, and medical services for urgent/acute care</b>	No charge medical deductible does not apply
<b>Mental Health &amp; Substance Use Disorder Services</b>	No charge medical deductible does not apply
<b>Specialist care</b>	\$70 copay per visit medical deductible does not apply

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b>Overall Deductible</b>	\$5,000 person / \$10,000 family	\$10,000 person / \$20,000 family
<b>Overall Out-of-Pocket Limit</b>	\$6,000 person / \$12,000 family	\$12,000 person / \$24,000 family
<p>EMBEDDED: The family deductible and out-of-pocket limit are embedded, meaning the cost shares of one family member will be applied to the per person deductible and per person out-of-pocket limit; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket limit. No one member will pay more than the per person deductible or per person out-of-pocket limit.</p> <p>All medical deductibles, copayments and coinsurance, along with prescription copays, apply to the out-of-pocket limit(s).</p> <p>In-Network and Out-of-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.</p>		
<p><b>Doctor Visits (virtual and office)</b> <i>You are encouraged to select a Primary Care Physician (PCP).</i></p>		
<p><b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i></p>	\$35 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met
<p><b>Specialist Care</b> <i>virtual and office</i></p>	\$70 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<p><b><u>Other Practitioner Visits</u></b></p> <p><b>Maternity Doctor services</b> (prenatal/postnatal care and delivery)</p> <p><b>Retail Health Clinic</b> <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i></p>	<p>10% coinsurance after medical deductible is met</p> <p>\$35 copay per visit medical deductible does not apply</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b><u>Other Services in an Office</u></b></p> <p><b>Allergy Testing</b> <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$5 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i></p> <p><b>Prescription Drugs</b> <i>Dispensed in the office</i></p> <p><b>Surgery</b></p>	<p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p> <p>\$70 copay per visit medical deductible does not apply<sup>‡</sup></p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b>Preventive care / screenings / immunizations</b></p>	<p>No charge</p>	<p>30% coinsurance after medical deductible is met</p>
<p><b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i></p>	<p>No charge</p>	<p>30% coinsurance after deductible is met</p>
<p><b><u>Diagnostic Services</u></b></p> <p><b>Lab</b></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>10% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b>X-Ray</b></p> <p>Office</p>	<p>No charge</p>	<p>30% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Outpatient Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<p><b>Advanced Diagnostic Imaging</b> <i>for example: MRI, PET and CAT scans</i></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b><u>Emergency and Urgent Care</u></b></p> <p><b>Urgent Care</b> <i>includes doctor services. Additional charges may apply depending on the care provided.</i></p> <p><b>Emergency Room Facility Services</b> <i>Your copay will be waived if admitted.</i></p> <p><b>Emergency Room Doctor and Other Services</b></p> <p><b>Ambulance</b></p>	<p>\$75 copay per visit medical deductible does not apply</p> <p>\$350 copay per visit and 0% coinsurance medical deductible does not apply</p> <p>0% coinsurance medical deductible does not apply</p> <p>10% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p>
<p><b>Outpatient Mental Health and Substance Use Disorder Services at a Facility</b></p> <p>Facility Fees</p> <p>Doctor Services</p>	<p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<p><b><u>Outpatient Surgery</u></b></p> <p><b>Facility Fees</b> Hospital</p> <p><b>Physician and other services</b> <i>including surgeon fees</i> Hospital</p>	<p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b></p> <p><b>Facility Fees</b></p> <p><b>Human Organ and Tissue Transplants</b> <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i></p> <p><b>Physician and other services</b> <i>including surgeon fees</i></p>	<p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p> <p>10% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>
<p><b>Home Health Care</b> <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i></p>	<p>10% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p>
<p><b>Rehabilitation and Habilitation services</b> <i>including physical, occupational and speech therapies.</i> <i>Coverage for occupational therapy is limited to 30 visits per benefit period, physical therapy is limited to 30 visits per benefit period and speech therapy is limited to 20 visits per benefit period.</i></p> <p>Office</p> <p>Outpatient Hospital</p> <p><b>Manipulation Therapy</b> <i>Coverage is limited to 12 visits per benefit period.</i></p>	<p>\$70 copay per visit medical deductible does not apply</p> <p>10% coinsurance after medical deductible is met</p>	<p>30% coinsurance after medical deductible is met</p> <p>30% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Office  Outpatient Hospital	\$70 copay per visit medical deductible does not apply  10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met
<b>Pulmonary rehabilitation</b> <i>Coverage is limited to 20 visits per benefit period.</i>  Office  Outpatient Hospital	\$70 copay per visit medical deductible does not apply  10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met
<b>Cardiac rehabilitation</b> <i>Coverage is limited to 36 visits per benefit period.</i>  Office  Outpatient Hospital	\$70 copay per visit medical deductible does not apply  10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met
<b>Dialysis/Hemodialysis</b>  Office  Outpatient Hospital	\$70 copay per visit medical deductible does not apply  10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met  30% coinsurance after medical deductible is met
<b>Chemo/Radiation Therapy</b>  Office	\$70 copay per visit medical deductible does not apply <sup>‡</sup>	30% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Outpatient Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Skilled Nursing Care (facility)</b> <i>Coverage for Skilled Nursing and Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 90 days combined per benefit period.</i>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Inpatient Hospice</b>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Durable Medical Equipment</b>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met
<b>Prosthetic Devices</b> <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<b>Pharmacy Out-of-Pocket Limit</b>	Combined with In-Network medical out-of-pocket limit	Combined with Out-of-Network medical out-of-pocket limit
<b>Prescription Drug Coverage</b> <b>Network: <i>Base Network</i></b> <b>Drug List: <i>National</i></b> <i>Drugs not included on the drug list will not be covered.</i>		
<b>Day Supply Limits:</b> <b>Retail Pharmacy</b> <i>30 day supply (cost shares noted below)</i> <b>Rx Maintenance 90 Pharmacy</b> <i>90 day supply (after 2 courtesy 30-day fills you will be required to purchase maintenance medications in 90-day fills at a M90 pharmacy or home delivery).</i> <b>Home Delivery Pharmacy</b> <i>90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.</i> <b>Specialty Pharmacy</b> <i>30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. Drug cost share assistance programs may be available for certain specialty drugs.</i>		
<b>Tier 1 - Typically Generic</b>	\$15 copay per prescription (retail) and \$30 copay per prescription (home delivery)	Not applicable
<b>Tier 2 - Typically Preferred Brand</b>	\$50 copay per prescription (retail) and \$100 copay per prescription (home delivery)	Not applicable
<b>Tier 3 - Typically Non-Preferred Brand</b>	\$100 copay per prescription (retail) and \$200 copay per prescription (home delivery)	Not applicable
<b>Specialty Medications (brand and generic)</b>	\$100 copay per prescription	No coverage

**Notes:**

- Dependent Age Limit: to the end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using Out-of-Network Providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing an Out-of-Network Provider, the member is responsible for any balance due after the plan payment.
- The Primary Care Physician and Specialist office visit copay applies to both office and facility based office visits for evaluation and management services only.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- ‡ You will pay the PCP's office visit copay when services are provided in their office.
- If you have received Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services" which is generally coinsurance or coinsurance after your deductible is met.
- Ohio's House Bill 388 and the Federal No Surprises Act establish patient protections including from Out-of-Network Providers' surprise bills ("balance billing") for Emergency Care and other specified items or services. We will comply with these new state and federal requirements including how we process claims from certain Out-of-Network Providers.
- The representations of benefits in this document are subject to Ohio Department of Insurance (ODI) approval and are subject to change.

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

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# Your summary of benefits



## CEBCO

Anthem® Blue Cross and Blue Shield

Your Plan: Clermont County Premium Copay Plan

Your Network: Blue Access

Effective Date: 1/1/2025

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
<b>Primary Care, and medical services for urgent/acute care</b>	No charge medical deductible does not apply
<b>Mental Health &amp; Substance Use Disorder Services</b>	No charge medical deductible does not apply
<b>Specialist care</b>	\$50 copay per visit medical deductible does not apply

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b>Overall Deductible</b>	\$2,000 person / \$4,000 family	\$4,000 person / \$8,000 family
<b>Overall Out-of-Pocket Limit</b>	\$5,000 person / \$10,000 family	\$10,000 person / \$20,000 family

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

All medical deductibles, copayments and coinsurance, along with prescription copays, apply to the out-of-pocket limit(s).

In-Network and Out-of-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.

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

<b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i>	\$10 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
<b>Specialist Care</b> <i>virtual and office</i>	\$50 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<p><b><u>Other Practitioner Visits</u></b></p> <p><b>Maternity Doctor services</b> (prenatal/postnatal care and delivery)</p> <p><b>Retail Health Clinic</b> for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</p>	<p>20% coinsurance after medical deductible is met</p> <p>\$10 copay per visit medical deductible does not apply</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p><b><u>Other Services in an Office</u></b></p> <p><b>Allergy Testing</b> When Allergy injections are billed separately by network providers, the member is responsible for a \$5 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</p> <p><b>Prescription Drugs</b> Dispensed in the office</p> <p><b>Surgery</b></p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p> <p>\$50 copay per visit medical deductible does not apply<sup>‡</sup></p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p><b>Preventive care / screenings / immunizations</b></p>	<p>No charge</p>	<p>40% coinsurance after medical deductible is met</p>
<p><b>Preventive Care for Chronic Conditions</b> per IRS guidelines</p>	<p>No charge</p>	<p>40% coinsurance after deductible is met</p>
<p><b><u>Diagnostic Services</u></b></p> <p><b>Lab</b></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p><b>X-Ray</b></p> <p>Office</p>	<p>No charge</p>	<p>40% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
<p><b>Advanced Diagnostic Imaging</b> <i>for example: MRI, PET and CAT scans</i></p> <p>Office</p> <p>Outpatient Hospital</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p><b><u>Emergency and Urgent Care</u></b></p> <p><b>Urgent Care</b> <i>includes doctor services. Additional charges may apply depending on the care provided.</i></p> <p><b>Emergency Room Facility Services</b> <i>Your copay will be waived if admitted.</i></p> <p><b>Emergency Room Doctor and Other Services</b></p> <p><b>Ambulance</b></p>	<p>\$25 copay per visit medical deductible does not apply</p> <p>\$300 copay per visit and 0% coinsurance medical deductible does not apply</p> <p>0% coinsurance medical deductible does not apply</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p>
<p><b>Outpatient Mental Health and Substance Use Disorder Services at a Facility</b></p> <p>Facility Fees</p> <p>Doctor Services</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<p><b><u>Outpatient Surgery</u></b></p> <p><b>Facility Fees</b> Hospital</p> <p><b>Physician and other services</b> <i>including surgeon fees</i> Hospital</p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p><b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b></p> <p><b>Facility Fees</b></p> <p><b>Human Organ and Tissue Transplants</b> <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i></p> <p><b>Physician and other services</b> <i>including surgeon fees</i></p>	<p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>
<p><b>Home Health Care</b> <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i></p>	<p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p>
<p><b>Rehabilitation and Habilitation services</b> <i>including physical, occupational and speech therapies.</i> <i>Coverage for occupational therapy is limited to 30 visits per benefit period, physical therapy is limited to 30 visits per benefit period and speech therapy is limited to 20 visits per benefit period.</i></p> <p>Office</p> <p>Outpatient Hospital</p> <p><b>Manipulation Therapy</b> <i>Coverage is limited to 12 visits per benefit period.</i></p>	<p>\$50 copay per visit medical deductible does not apply</p> <p>20% coinsurance after medical deductible is met</p>	<p>40% coinsurance after medical deductible is met</p> <p>40% coinsurance after medical deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Office  Outpatient Hospital	\$50 copay per visit medical deductible does not apply  20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met  40% coinsurance after medical deductible is met
<b>Pulmonary rehabilitation</b> <i>Coverage is limited to 20 visits per benefit period.</i>  Office  Outpatient Hospital	\$50 copay per visit medical deductible does not apply  20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met  40% coinsurance after medical deductible is met
<b>Cardiac rehabilitation</b> <i>Coverage is limited to 36 visits per benefit period.</i>  Office  Outpatient Hospital	\$50 copay per visit medical deductible does not apply  20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met  40% coinsurance after medical deductible is met
<b>Dialysis/Hemodialysis</b>  Office  Outpatient Hospital	\$50 copay per visit medical deductible does not apply  20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met  40% coinsurance after medical deductible is met
<b>Chemo/Radiation Therapy</b>  Office	\$50 copay per visit medical deductible does not apply <sup>‡</sup>	40% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
<b>Skilled Nursing Care (facility)</b> <i>Coverage for Skilled Nursing and Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 90 days combined per benefit period.</i>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
<b>Inpatient Hospice</b>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
<b>Durable Medical Equipment</b>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
<b>Prosthetic Devices</b> <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<b>Pharmacy Out-of-Pocket Limit</b>	Combined with In-Network medical out-of-pocket limit	Combined with Out-of-Network medical out-of-pocket limit
<b>Prescription Drug Coverage</b> <b>Network: <i>Base Network</i></b> <b>Drug List: <i>National</i></b> <i>Drugs not included on the drug list will not be covered.</i>		
<b>Day Supply Limits:</b> <b>Retail Pharmacy</b> <i>30 day supply (cost shares noted below)</i> <b>Rx Maintenance 90 Pharmacy</b> <i>90 day supply (after 2 courtesy 30-day fills you will be required to purchase maintenance medications in 90-day fills at a M90 pharmacy or home delivery).</i> <b>Home Delivery Pharmacy</b> <i>90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.</i> <b>Specialty Pharmacy</b> <i>30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. Drug cost share assistance programs may be available for certain specialty drugs.</i>		
<b>Tier 1 - Typically Generic</b>	\$15 copay per prescription (retail) and \$30 copay per prescription (home delivery)	Not applicable
<b>Tier 2 - Typically Preferred Brand</b>	\$50 copay per prescription (retail) and \$100 copay per prescription (home delivery)	Not applicable
<b>Tier 3 - Typically Non-Preferred Brand</b>	\$70 copay per prescription (retail) and \$140 copay per prescription (home delivery)	Not applicable
<b>Specialty Medications (brand and generic)</b>	\$70 copay per prescription	No coverage

**Notes:**

- Dependent Age Limit: to the end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using Out-of-Network Providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing an Out-of-Network Provider, the member is responsible for any balance due after the plan payment.
- The Primary Care Physician and Specialist office visit copay applies to both office and facility based office visits for evaluation and management services only.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- ‡ You will pay the PCP's office visit copay when services are provided in their office.
- If you have received Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services" which is generally coinsurance or coinsurance after your deductible is met.
- Ohio's House Bill 388 and the Federal No Surprises Act establish patient protections including from Out-of-Network Providers' surprise bills ("balance billing") for Emergency Care and other specified items or services. We will comply with these new state and federal requirements including how we process claims from certain Out-of-Network Providers.
- The representations of benefits in this document are subject to Ohio Department of Insurance (ODI) approval and are subject to change.

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

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# Your summary of benefits



## CEBCO

Anthem® Blue Cross and Blue Shield

Your Plan: Clermont County PPO HSA Plan

Your Network: Blue Access

Effective Date: 1/1/2025

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge after deductible is met
Mental Health & Substance Use Disorder Services	No charge after deductible is met
Specialist care	0% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Overall Deductible	\$3,300 person / \$6,600 family	\$6,600 person / \$13,200 family
Overall Out-of-Pocket Limit	\$4,000 person / \$8,000 family	\$8,000 person / \$16,000 family

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

All medical deductibles, copayments and coinsurance apply to the out-of-pocket limit (excluding Out-of-Network Human Organ and Tissue Transplant (HOTT), Cellular and Gene Therapy services).

In-Network and Out-of-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.

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

<b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i>	10% coinsurance after deductible is met	30% coinsurance after deductible is met
<b>Specialist Care</b> <i>virtual and office</i>	10% coinsurance after deductible is met	30% coinsurance after deductible is met
<b>Other Practitioner Visits</b>		
<b>Maternity Doctor services</b> (prenatal/postnatal care and delivery)	10% coinsurance after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<b>Retail Health Clinic</b> <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	10% coinsurance after deductible is met	30% coinsurance after deductible is met
<u><b>Other Services in an Office</b></u> <b>Allergy Testing</b> <b>Prescription Drugs</b> <i>Dispensed in the office</i> <b>Surgery</b>	10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met	30% coinsurance after deductible is met 30% coinsurance after deductible is met 30% coinsurance after deductible is met
<b>Preventive care / screenings / immunizations</b>	No charge	30% coinsurance after deductible is met
<b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i>	No charge	30% coinsurance after deductible is met
<u><b>Diagnostic Services</b></u> <b>Lab</b> Office Outpatient Hospital	10% coinsurance after deductible is met 10% coinsurance after deductible is met	30% coinsurance after deductible is met 30% coinsurance after deductible is met
<b>X-Ray</b> Office Outpatient Hospital	10% coinsurance after deductible is met 10% coinsurance after deductible is met	30% coinsurance after deductible is met 30% coinsurance after deductible is met
<b>Advanced Diagnostic Imaging</b> <i>for example: MRI, PET and CAT scans</i> Office Outpatient Hospital	10% coinsurance after deductible is met 10% coinsurance after deductible is met	30% coinsurance after deductible is met 30% coinsurance after deductible is met
<u><b>Emergency and Urgent Care</b></u> <b>Urgent Care</b>	10% coinsurance after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<p><b>Emergency Room Facility Services</b></p> <p><b>Emergency Room Doctor and Other Services</b></p> <p><b>Ambulance</b></p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>Covered as In-Network</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p>
<p><b>Outpatient Mental Health and Substance Use Disorder Services at a Facility</b></p> <p>Facility Fees</p> <p>Doctor Services</p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b><u>Outpatient Surgery</u></b></p> <p><b>Facility Fees</b></p> <p>Hospital</p> <p><b>Physician and other services <i>including surgeon fees</i></b></p> <p>Hospital</p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b></p> <p><b>Facility Fees</b></p> <p><b>Human Organ and Tissue Transplants</b> <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i></p> <p><b>Physician and other services <i>including surgeon fees</i></b></p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b>Home Health Care</b> <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
<p><b>Rehabilitation and Habilitation services</b> <i>including physical, occupational and speech therapies.</i>  <i>Coverage for occupational therapy is limited to 30 visits per benefit period, physical therapy is limited to 30 visits per benefit period and speech therapy is limited to 20 visits per benefit period.</i></p> <p>Office</p> <p>Outpatient Hospital</p> <p><b>Manipulation Therapy</b> <i>office and outpatient hospital</i>  <i>Coverage is limited to 12 visits per benefit period.</i></p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b>Pulmonary rehabilitation</b> <i>office and outpatient hospital</i>  <i>Coverage is limited to 20 visits per benefit period.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Cardiac rehabilitation</b> <i>office and outpatient hospital</i>  <i>Coverage is limited to 36 visits per benefit period.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Dialysis/Hemodialysis</b> <i>office and outpatient hospital</i></p>	<p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Chemo/Radiation Therapy</b> <i>office and outpatient hospital</i></p>	<p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Skilled Nursing Care (facility)</b>  <i>Coverage for Skilled Nursing and Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 90 days combined per benefit period.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Inpatient Hospice</b></p>	<p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Durable Medical Equipment</b></p>	<p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Prosthetic Devices</b>  <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
<b>Pharmacy Deductible</b>	Combined with In-Network medical deductible	Combined with Out-of-Network medical deductible
<b>Pharmacy Out-of-Pocket Limit</b>	Combined with In-Network medical out-of-pocket limit	Combined with Out-of-Network medical out-of-pocket limit
<b>Prescription Drug Coverage</b> <b>Network: <i>Base Network</i></b> <b>Drug List: <i>National</i></b> <i>Drugs not included on the drug list will not be covered.</i>		
<b>Day Supply Limits:</b> <b>Retail Pharmacy</b> <i>30 day supply (cost shares noted below)</i> <b>Rx Maintenance 90 Pharmacy</b> <i>90 day supply (after 2 courtesy 30-day fills you will be required to purchase maintenance medications in 90-day fills at a M90 pharmacy or home delivery).</i> <b>Home Delivery Pharmacy</b> <i>90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.</i> <b>Specialty Pharmacy</b> <i>30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy. Drug cost share assistance programs may be available for certain specialty drugs.</i>		
<b>Tier 1 - Typically Generic</b>	10% coinsurance after deductible is met (retail and home delivery)	Not applicable
<b>Tier 2 - Typically Preferred Brand</b>	10% coinsurance after deductible is met (retail and home delivery)	Not applicable
<b>Tier 3 - Typically Non-Preferred Brand</b>	10% coinsurance after deductible is met (retail and home delivery)	Not applicable
<b>Specialty Medications (brand and generic)</b>	10% coinsurance after deductible is met (retail and home delivery)	No coverage

**Notes:**

- Dependent Age Limit: to the end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using Out-of-Network Providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 20% means no coinsurance up to the maximum allowable amount. However, when choosing an Out-of-Network Provider, the member is responsible for any balance due after the plan payment.
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- Ohio's House Bill 388 and the Federal No Surprises Act establish patient protections including from Out-of-Network Providers' surprise bills ("balance billing") for Emergency Care and other specified items or services. We will comply with these new state and federal requirements including how we process claims from certain Out-of-Network Providers.
- The representations of benefits in this document are subject to Ohio Department of Insurance (ODI) approval and are subject to change.

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Anthem



# The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

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

## Find Care

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

## My Health Dashboard

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

## Chat

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

## Virtual Care

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

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

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

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>SM</sup> Managed Care, Inc. (RIT), Healthy Alliance<sup>SM</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 CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare 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.

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## Community Resources

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

## My Health Records

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

## ¿Prefieres obtener información en español?

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



## Download the Sydney Health app today

Use the app anytime to:

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



Scan the QR code to download the Sydney Health app.

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

**For technical support call: 866-755-2680**



# Support your health and well-being with the Sydney Health mobile app

For personalized support and health topics that interest you, Sydney<sup>SM</sup> Health offers useful health and wellness tips and individualized action plans that can help you reach your goals. You can also find and connect with clinical and well-being programs for a variety of topics, ranging from pregnancy to heart disease.

- **Set goals** - Answer ten questions about your health goals and Sydney Health will personalize your dashboard and show where you may be able to improve.
- **Learn about healthy living** - Find videos and online articles with tips on healthy living, including nutritionist-approved recipes and meal plans.
- **Track nutrition** - Scan food and labels with your smartphone camera for quick logging or use voice commands. Customize your nutrition goals based on your preferences, such as keto.
- **Keep moving** - Stay motivated with support throughout your journey that includes rewards, profile badges, and points to help you stay on track.
- **Personalize your action plan** - Work toward your health goals and make healthy choices that fit your lifestyle. Plans include getting active, eating healthier, losing weight, reducing stress, and sleeping better. You can even sync your wearable fitness device to the app for easy activity tracking.

Check out these features today by downloading the **Sydney Health app** and visiting **My Health Dashboard**.

## Download the Sydney Health app

Scan the QR code using the camera on your smartphone.



# You can sync your wearable device

To start tracking your activity\*:

- Log in to Sydney Health.
- Select **My Health Dashboard** and go to **Activity Tracking**.
- Select **Manage Devices/Apps**
  - If syncing an Apple® or Google™ device, use the Sydney Health app to connect and manage.
  - For other wearables, select from the list on the screen and follow the prompts and instructions.

## Earn rewards by making healthier choices

Your healthy choices deserve recognition. Find support on the Sydney Health app where you can access your benefit information and wellness rewards all in one place. Log in today to see if you're eligible to earn rewards by participating in activities such as tracking your steps, and completing a wellness exam, and reading educational articles.

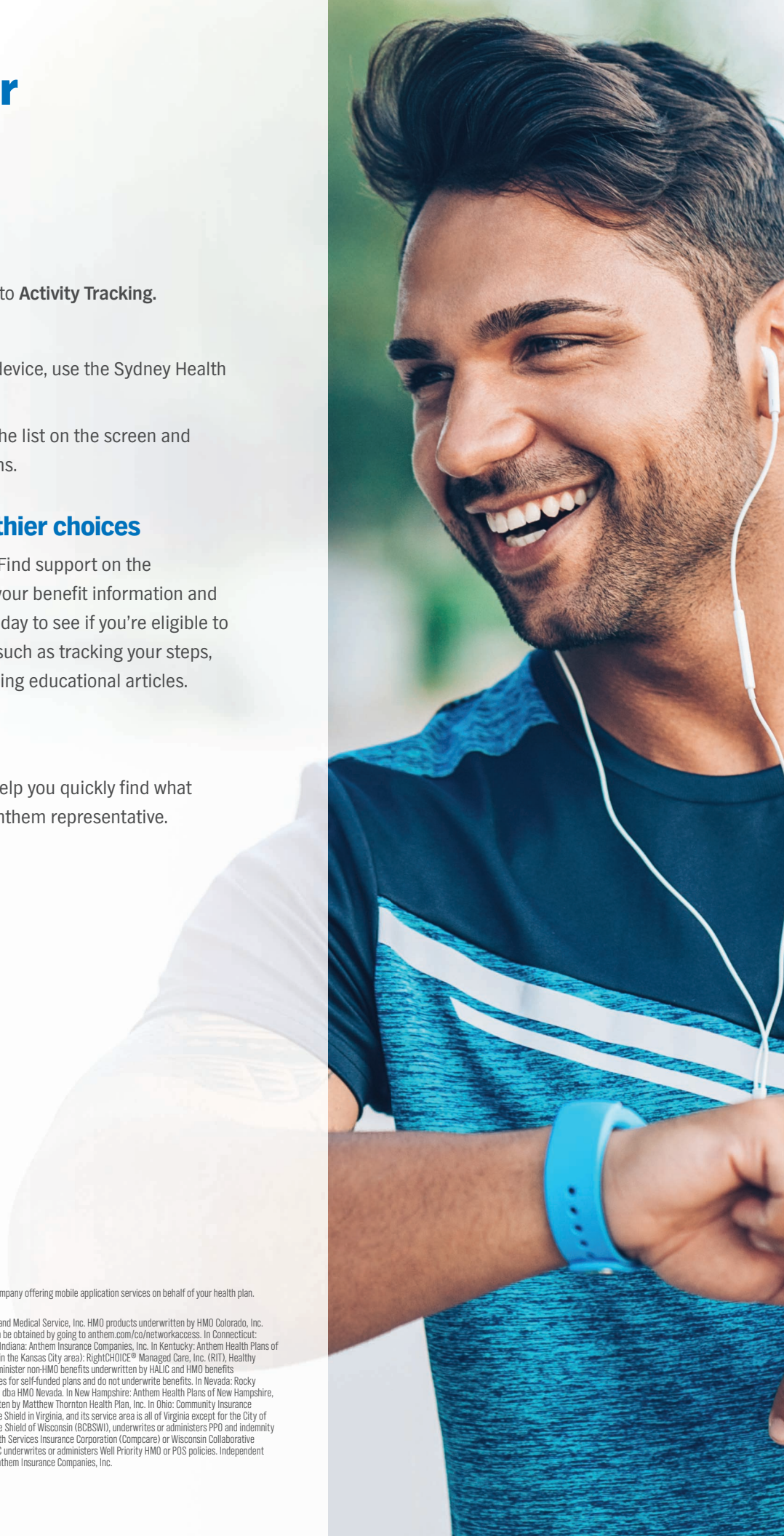
## We're here to help

If you have questions, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

\* The experience may vary for older devices.

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

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# Receive virtual care and support

through our Sydney Health mobile app

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



## Visit with a doctor for common medical concerns

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



## Receive care for your behavioral health

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

## What people say about virtual care visits<sup>2</sup>

92%

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

89%

said the doctor they saw was professional and helpful

92%

thought the doctor understood their concerns

## How to download our Sydney Health app:

Scan the QR code with your phone's camera.





# Connect with a doctor anytime, anywhere with LiveHealth Online

When you're not feeling well, you have access to virtual care visits using LiveHealth Online. Whether you have a cold, you're feeling anxious, or need help managing your medication, you can have face-to-face visits with a board-certified doctor, psychiatrist, or licensed therapist from your smartphone, tablet, or computer.

**Medical doctors are available 24/7 – no appointment needed.<sup>1</sup>**

Doctors can assess symptoms, provide a treatment plan, and prescribe or refill medications.<sup>2</sup> Care is available for health issues such as cold and flu symptoms, allergies, and sinus infections.

**Visit a licensed therapist in four days or less.<sup>3</sup>**

For help with mental health concerns such as anxiety, stress, and grief, you can connect to a licensed therapist or psychologist in four days or less and within two weeks with a psychiatrist.<sup>4,5</sup>

## What's the cost of a LiveHealth Online visit?

PPO plans are covered in full, H.S.A. plans pay:

- \$55 per visit with a medical doctor
- \$95 per visit with a dermatologist
- \$80 per visit with a licensed therapist
- \$95 per visit with a psychologist
- \$175 for an initial evaluation by a psychiatrist and \$75 for a follow-up visit

## Start using LiveHealth Online.

To register, go to [livehealthonline.com](https://livehealthonline.com) or download the free app. For a medical visit, log on, choose a doctor, and your visit will begin in minutes. For mental health visits, choose from the available dates to schedule your appointment. LiveHealth Online is secure and confidential.<sup>6</sup>

**Sign up for LiveHealth Online today  
and be ready when you need it.**

Go to [livehealthonline.com](https://livehealthonline.com) or download the free mobile app from the App Store® or Google Play™.



<sup>1</sup> Appointments may be needed for certain specialists.

<sup>2</sup> Prescription availability is defined by physician judgment.

<sup>3</sup> Appointments subject to availability of a therapist. Online counseling is not appropriate for all kinds of problems. If someone is in crisis or has suicidal thoughts, it's important that they seek help immediately by calling 800-784-2433 (National Suicide Prevention Lifeline) or 911. LiveHealth Online does not offer emergency services.

<sup>4</sup> Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using LiveHealth Online.

<sup>5</sup> Psychiatrists on LiveHealth Online will not offer counseling or talk therapy.

<sup>6</sup> LiveHealth Online is a HIPAA-compliant confidential video service.

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



LiveHealth Online  
Healthy Back & Joints  
sword



# Relieve aches + pain from the comfort of your home

Tired of chronic pain or loss of mobility? Struggling with discomfort? Meet Sword, the new digital physical therapy program designed to help you overcome your joint, back, or muscle pain—all from home.

Combining licensed PT with easy-to-use technology, Sword is more than just convenient. It's proven to work better than in-person physical therapy, too.<sup>1</sup>



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## Here's how it works



### Pick Your PT

Thanks to your dedicated PT, your Sword program is entirely customized to you, your goals and your abilities.



### Get Your Sword Kit

Your kit comes with your own tablet, and will provide you and your PT with real-time feedback.



### Stay Connected

Chat 1:1 with your PT anytime. They'll check in, monitor your progress, and adjust your program as needed.



### Feel the Relief

Complete your exercise sessions whenever is most convenient for you. Then feel pain relief for yourself.

## Pain doesn't wait. Why should you? Enroll today to get started!

[join.swordhealth.com/cebco/register](https://join.swordhealth.com/cebco/register)



Sword is available at no cost to the employee, spouse, and dependents 18 and older on the Anthem Blue Cross and Blue Shield Medical Plan. LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross Blue Shield.

<sup>1</sup> Correia, F. D., Nogueira, A., Magalhães, I., et al. (2018). Home-based rehabilitation with a novel digital biofeedback system versus conventional in-person rehabilitation after total knee replacement: A feasibility study. Scientific Reports, 8(1). <https://doi.org/10.1038/s41598-018-29668-0>



LiveHealth Online  
Bloom: Women's Pelvic Health  
sword



# Bloom is your no-cost, digital pelvic health benefit.

1 in 3 women suffer from pelvic health disorders<sup>1</sup> including bladder issues, bowel dysfunction, and pelvic pain. Sword Health developed Bloom to give you relief with an easy-to-use, at-home pelvic therapy solution.

## Here are some signs you may need pelvic therapy:



Leakage (bladder or bowel)



Pain or difficulty emptying bladder



You are, were, or are planning to be pregnant



Pain or pressure in the lower abdomen



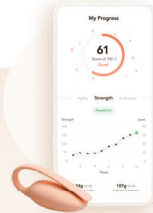
Pain during or after intimacy

## What you get with Bloom



### Expert Care

Bloom's Pelvic Health Specialists all have Doctor of Physical Therapy degrees and provide guidance throughout the program.



### Innovative Tech

Women perform short pelvic-therapy sessions from home, using a safe, intravaginal pod that connects to a mobile app.



### Real Results

Bloom sessions are fun and interactive. Members track progress and receive guidance through the app.

Activate your no-cost benefit today:

[join.hibloom.com/cebco](https://join.hibloom.com/cebco)

Women's Pelvic Health is available at no cost to all US-based employees, spouses, and dependents 18 and older with vaginal anatomy, as a part of the Anthem medical benefits.

1 - Kenne, K.A., Wendt, L. & Brooks Jackson, J. Prevalence of pelvic floor disorders in adult women being seen in a primary care setting and associated risk factors. *Sci Rep* 12, 9878 (2022). <https://doi.org/10.1038/s41598-022-13501-v>



Scan to enroll



## Learn more about how weight loss medications may be covered under your pharmacy benefit plan

As of January 1, 2025, there are some changes to your pharmacy benefit plan. CEBCO has made the decision to no longer cover GLP-1 weight loss medications. This includes medications such as Wegovy and Zepbound.

### Next steps

If you'd like a transparent look at which medications are covered under your benefit, their cost in the market, and possible discounts, on or after January 1, 2025, you can log onto [anthem.com](https://www.anthem.com) > *My Plans* > *Pharmacy Benefits*. Under the *Prescriptions* tab, choose *Price a Medication* to view and compare the cost.

You may be eligible for discounts and savings on the cost of some weight loss medications:

1. **Review prices and options through the CarelonRx Discount Program for Non-Covered Drugs.** You may be able to receive a network discount.
2. **See if you are eligible for savings through the drug manufacturer.**
  - For Wegovy, go to [wegovy.com/coverage-and-savings/save-on-wegovy.html](https://wegovy.com/coverage-and-savings/save-on-wegovy.html) or call the Wegovy® Navigation Line at **833-4-WEGOVY**, Monday through Friday, 9:00 a.m. to 6:00 p.m. ET.
  - For Zepbound, visit [zepbound.lilly.com/coverage-savings](https://zepbound.lilly.com/coverage-savings).

If you're looking for other cost-effective, medically proven weight loss options covered by your health plan, consult with your doctor, your pharmacist, or reach out to our Member Services team. There may be other choices and programs your health plan covers that are right for you.

### We're here to help 24/7

If you have questions about this change or your pharmacy plan, please log onto [anthem.com](https://www.anthem.com) or use your Sydney<sup>SM</sup> Health app to chat with a live agent. For extra help, you can always call us at the number on your member ID card.

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Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2023

# Protecting your privacy

## How we keep your information safe and secure

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

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

### How we help manage your care

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

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

### Special enrollment rights

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

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

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

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

For full details, read your plan document, which has all the details about your plan. You can find it on [anthem.com](https://www.anthem.com).

# We're here for you – in many languages

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

## Spanish

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

## Chinese

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

## Vietnamese

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

## Korean

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

## Tagalog

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

## Russian

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

## Armenian

Դուք իրավունք ունեւ ստանալ անվար օգնություն ձեր լեզվով: Պարզապէս զանգահարե՛ք Անդամների սպասարկման կենտրոն, որի հեռախոսահամարը նշուած է ձեր ID քարտի վրա:

## Farsi

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

## French

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

## Arabic

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

## Japanese

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

## Haitian

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

## Italian

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

## Polish

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

## Punjabi

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

## TTY/TTD:711

### It's important we treat you fairly

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

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



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



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

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

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

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

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