



# Choosing and using your plan

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

**Boone County MO Employees  
Effective January 1, 2024**



# Time to choose your plan

## Your trusted health partner

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



# Time to choose your plan

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

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

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

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### How to enroll

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

# Explore your plan options

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

## Blue Access PPO

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

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

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# Using your plan



## How to use your plan

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



# How to use your plan

## Register for online tools and resources

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

### Sydney Health mobile app

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

### Working with you:

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

### Working for you:

- **Chat** - If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem 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.
- **Community Resources** - This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

## Use your ID card from your phone

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

## Find a doctor in your plan

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

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

# How to use your plan

## Schedule a checkup

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

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

## Travel with peace of mind

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

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

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

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

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

- Check to see if your primary care doctor can see you.
- Search for nearby urgent care to avoid costly emergency room visits and long wait times.

<sup>1</sup> Blue Cross Blue Shield Association, Personalized Healthcare, Nationwide (accessed March 2023); bcbs.com.

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

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

# Pharmacy Benefits

## What your plan will cover

### Your medication coverage

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 if you have an ongoing health matter or serious illness, such as cancer or hepatitis C.

### Your drug list

Your plan includes various drug lists. You can check the lists for your medicines and the brand-name and generic drugs that are included. Typically, drugs on lower tiers cost less.

If your medication isn't on the list, you will see other options. Drug lists can change, so you may want to check it again when you have a new prescription.

To find the latest drug lists:

- Visit <https://www.anthem.com/pharmacy-information/drug-list-formulary> for the **National 4-tier** Drug List.

### Your pharmacy options

You have choices for filling your prescriptions, including local pharmacies in your plan's network and convenient home delivery.

- **Retail pharmacies:** Your costs may be lower if you use one of the pharmacies in your plan's network.
- **Home delivery:** If there are medications you take regularly, you can save time and money with our home-delivery service.
- **Specialty pharmacy:** If you have a health condition that requires specialty medicine, such as those you take by injection or infusion, or that needs special handling, you will need to order through CarelonRx Specialty Pharmacy.

## How your pharmacy benefits work

### Your annual deductible

Your plan comes with a deductible. Your deductible is the amount you pay before the plan starts to pay for covered prescriptions and medical care. You will pay a set amount of medication costs out of your pocket until you meet your deductible.

Your options include plans with a:

- **Pharmacy deductible:** Your pharmacy deductible is the amount you pay before the pharmacy plan starts to pay for covered prescriptions. It's separate from a medical deductible.
- **Combined medical and pharmacy deductible:** Combined medical and pharmacy deductible



# Make the most of your pharmacy benefits

## Understanding medicine coverage and costs

- **Search the drug list.** Find out if your medicines are covered and which tier they are in. Lower-cost, brand-name drugs and generics are usually in Tiers 1 and 2. You will save the most money if you use Tier 1 drugs.
- **Price a medication.** See how much a medicine costs before you get it. You can compare retail drug costs at local pharmacies and see the price of generic options. Results will include the cost of up to a 90-day supply and home delivery.
- **Check if there are generic options.** If you take a brand-name drug, you can find a list of generic options that are just as effective and cost less. Be sure to talk with your doctor to see if a generic option is right for you.
- **Save money on certain noncovered medicines.** If your prescription isn't covered by your plan, you may be able to receive a discount. Share your member ID card at the pharmacy, and the available discount will automatically be applied.

## Coverage requirements

Certain medications require you to take other steps before your plan covers them. Here are examples:

- **Preapproval, also known as prior authorization.** This means Anthem needs to approve a drug before the pharmacy fills it. If you already have preapproval, you or your doctor will need to fill out a new form at [anthem.com](https://www.anthem.com).
- **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 90-day supplies at a pharmacy, including CVS, or through home delivery.

## You have pharmacy options

**Choose a pharmacy that's in your plan.** You have many retail pharmacies from which to choose. Use a pharmacy that is in your plan to avoid paying full price. To find a pharmacy in your plan, visit [anthem.com/pharmacyinformation/rxnetworks.html](https://www.anthem.com/pharmacyinformation/rxnetworks.html), and choose your network list.

Your plan uses the **Base Network** list of pharmacies.

The **Base Network** is our national pharmacy network and includes 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.

**Receive a 90-day refill at a retail pharmacy.** Ninety-day supplies of covered medications are available at participating retail pharmacies. You can save time with fewer trips to the pharmacy by switching to a 90-day supply for medications you take on a regular basis. Depending on your plan, you may also save on copays. That's because a 90-day supply of certain drugs usually costs less than three 30-day refills.

- **Home delivery.** Save time and money with home delivery. If you take medicines regularly or need them on a longterm basis, you can also save time with home delivery. With CarelonRx Home Delivery, you can receive up to a 90-day supply of medications delivered quickly and safely to you. Plus, with home delivery, you receive free standard shipping on automatic refills, so you won't need to go to the pharmacy. Depending on your plan, you may also save on copays. Once you're a member, visit [anthem.com](https://www.anthem.com) to sign up or call the Pharmacy Member Services number on your ID card.

# Make the most of your pharmacy benefits

For more information, go to [anthem.com/FAQs](https://www.anthem.com/FAQs) , select your state, and then **Pharmacy**.

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	\$\$\$
Tier 4	Preferred specialty drugs (brand name and generic)	\$\$\$\$

# Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: Boone County MO Employees: Anthem Blue Access PPO

Your Network: Blue Access

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
<b>Primary Care, and medical services for urgent/acute care</b>	\$25 copay per visit after medical deductible is met
<b>Mental Health &amp; Substance Use Disorder Services</b>	\$25 copay per visit after medical deductible is met
<b>Specialist care</b>	20% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Overall Deductible</b>	\$1,000 person / \$2,000 family	\$2,000 person / \$4,000 family
<b>Overall Out-of-Pocket Limit</b>	\$3,500 person / \$7,000 family	\$7,000 person / \$14,000 family

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

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

In-Network and Non-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)</b> <i>virtual and office</i>	\$25 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
<b>Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i>	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Specialist Care</b> <i>virtual and office</i>	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b><u>Other Practitioner Visits</u></b>		
<b>Routine Maternity Care</b> (Prenatal and Postnatal)	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Retail Health Clinic</b> <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Chiropractic Services</b> <i>Coverage is limited to 26 visits per benefit period.</i>	50% coinsurance after medical deductible is met	Not covered
<b><u>Other Services in an Office</u></b>		
<b>Allergy Testing</b>	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Prescription Drugs</b> <i>Dispensed in the office</i>	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Surgery</b>	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Preventive care / screenings / immunizations</b>	No charge	50% coinsurance after medical deductible is met
<b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i>	No charge	50% coinsurance after medical deductible is met
<b><u>Diagnostic Services</u></b>		
<b>Lab</b>		
Office	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>X-Ray</b>		
Office	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Advanced Diagnostic Imaging</b> <i>for example: MRI, PET and CAT scans</i>  Office  Freestanding Radiology Center  Outpatient Hospital	20% coinsurance after medical deductible is met  20% coinsurance after medical deductible is met  20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met  50% coinsurance after medical deductible is met  50% coinsurance after medical deductible is met
<b><u>Emergency and Urgent Care</u></b> <b>Urgent Care</b>  <b>Emergency Room Facility Services</b>  <b>Emergency Room Doctor and Other Services</b>  <b>Ambulance</b> <i>Authorized Non-Network non-emergency ambulance services are limited to an Anthem maximum payment of \$50,000 per trip.</i>	20% coinsurance after medical deductible is met  20% coinsurance after medical deductible is met  20% coinsurance after medical deductible is met  20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met  Covered as In-Network  Covered as In-Network  Covered as In-Network
<b>Outpatient Mental Health and Substance Use Disorder Services at a Facility</b>  Facility Fees    Doctor Services	20% coinsurance after medical deductible is met    20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met    50% coinsurance after medical deductible is met



Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b><u>Outpatient Surgery</u></b> <b>Facility Fees</b> Hospital  Ambulatory Surgical Center  <b>Physician and other services</b> <i>including surgeon fees</i> Hospital  Ambulatory Surgical Center	20% coinsurance after medical deductible is met  20% coinsurance after medical deductible is met  20% coinsurance after medical deductible is met  20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met  50% coinsurance after medical deductible is met  50% coinsurance after medical deductible is met  50% coinsurance after medical deductible is met
<b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b>  <b>Facility Fees</b>  <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> <b>Physician and other services</b> <i>including surgeon fees</i>	20% coinsurance after medical deductible is met  20% coinsurance after medical deductible is met  20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met  50% coinsurance after medical deductible is met  50% coinsurance after medical deductible is met
<b>Home Health Care</b> <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i>	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Rehabilitation and Habilitation services</b> <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical and occupational therapies is limited to 40 visits combined per benefit period. Limit includes manipulative treatment when performed by someone other than a Chiropractor. Benefit limit does not apply when performed as part of Early Intervention.</i>  Office	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Pulmonary rehabilitation</b> office and outpatient hospital <i>Coverage is limited to 20 visits per benefit period.</i>	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Cardiac rehabilitation</b> office and outpatient hospital <i>Coverage is limited to 36 visits per benefit period.</i>	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Dialysis/Hemodialysis</b> office and outpatient hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Chemo/Radiation Therapy</b> office and outpatient hospital	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Skilled Nursing Care (facility)</b> <i>Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period.</i>	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Inpatient Hospice</b>	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<b>Durable Medical Equipment</b>	20% coinsurance after medical deductible is met	50% 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	50% coinsurance after medical deductible is met
<b>Hearing Aids</b> <i>Coverage for hearing aids is limited to children 1 through 17 years of age, with one hearing aid per ear every 36 months. Newborn hearing aids no limit.</i>	20% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Not applicable	Not applicable
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with Non-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>If you select a brand name drug when a generic drug is available, additional cost sharing amounts may apply.</i>		
<b>Day Supply Limits:</b> <b>Retail Pharmacy</b> <i>30 day supply (cost shares noted below)</i> <b>Retail 90 Pharmacy</b> <i>90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies).</i> <b>Home Delivery Pharmacy</b> <i>90 day supply (maximum cost shares noted below) Maintenance medications are available through CarelonRx Mail. 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.</i>		
Tier 1 - Typically Generic	Greater of \$15 or 5% coinsurance (retail) and Greater of \$30 or 5% coinsurance (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand	Greater of \$45 or 10% coinsurance (retail) and Greater of \$90 or 10% coinsurance (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand	Greater of \$75 or 20% coinsurance (retail) and Greater of \$150 or 20% coinsurance (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic)	20% coinsurance up to \$250 per prescription (retail and home delivery)	50% coinsurance (retail) and Not covered (home delivery)

**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 non-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 a Non-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.

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

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Questions: (833) 578-4436 or visit us at [www.anthem.com](http://www.anthem.com)

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

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

## With home delivery, you can count on:



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

- Manage your prescriptions with the Sydney<sup>SM</sup> Health app or at **anthem.com**.
- Expect first-time home delivery orders to take about two weeks and refills to take 3 to 5 days.
- Track your order.
- Set up reminders and automatic refills, too.



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

- Tamperproof
- Temperature controlled, if needed
- Weatherproof



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



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



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

## We're here to help

Call the Pharmacy Member Services phone number on your member ID card or use the live chat feature on Sydney Health or **anthem.com**.

## Start home delivery now

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

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

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

Services provided by CarelonRx, Inc.

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

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# Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: Boone County MO Employees: Anthem Blue Access PPO HSA

Your Network: Blue Access

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge after deductible is met
Mental Health & Substance Use Disorder Services	No charge after deductible is met
Specialist care	20% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$3,200 person / \$6,400 family	\$5,000 person / \$10,000 family
Overall Out-of-Pocket Limit	\$4,000 person / \$8,000 family	\$10,000 person / \$20,000 family
<p>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 and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit (excluding Non-Network Human Organ and Tissue Transplant (HOTT), Cellular and Gene Therapy services).</p> <p>In-Network and Non-Network deductibles and out-of-pocket limit amounts are separate and do not accumulate toward each other.</p>		
<b>Doctor Visits (virtual and office)</b> <i>You are encouraged to select a Primary Care Physician (PCP).</i>		
<b>Primary Care (PCP) and Mental Health and Substance Use Disorder Services</b> <i>virtual and office</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Specialist Care</b> <i>virtual and office</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b><u>Other Practitioner Visits</u></b>		
<b>Routine Maternity Care</b> (Prenatal and Postnatal)	20% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-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>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Chiropractic Services</b> <i>Coverage is limited to 26 visits per benefit period.</i>	50% coinsurance after deductible is met	Not covered
<b><u>Other Services in an Office</u></b>		
<b>Allergy Testing</b>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Prescription Drugs</b> <i>Dispensed in the office</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Surgery</b>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Preventive care / screenings / immunizations</b>	No charge	40% coinsurance after deductible is met
<b>Preventive Care for Chronic Conditions</b> <i>per IRS guidelines</i>	No charge	40% coinsurance after deductible is met
<b><u>Diagnostic Services</u></b>		
<b>Lab</b>		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>X-Ray</b>		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Advanced Diagnostic Imaging</b> <i>for example: MRI, PET and CAT scans</i>		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Freestanding Radiology Center	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b><u>Emergency and Urgent Care</u></b> <b>Urgent Care</b> <b>Emergency Room Facility Services</b> <b>Emergency Room Doctor and Other Services</b> <b>Ambulance</b> <i>Authorized Non-Network non-emergency ambulance services are limited to an Anthem maximum payment of \$50,000 per trip.</i>	20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met	40% coinsurance after deductible is met Covered as In-Network Covered as In-Network Covered as In-Network
<b><u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u></b> Facility Fees Doctor Services	20% coinsurance after deductible is met 20% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met
<b><u>Outpatient Surgery</u></b> <b>Facility Fees</b> Hospital Ambulatory Surgical Center <b>Physician and other services</b> <i>including surgeon fees</i> Hospital Ambulatory Surgical Center	20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met
<b><u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u></b> <b>Facility Fees</b> <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> <b>Physician and other services</b> <i>including surgeon fees</i>	20% coinsurance after deductible is met 20% coinsurance after deductible is met 20% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Home Health Care</b> <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Rehabilitation and Habilitation services</b> <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical and occupational therapies is limited to 40 visits combined per benefit period. Limit includes manipulative treatment when performed by someone other than a Chiropractor. Benefit limit does not apply when performed as part of Early Intervention.</i>		
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Pulmonary rehabilitation</b> <i>office and outpatient hospital</i> <i>Coverage is limited to 20 visits per benefit period.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Cardiac rehabilitation</b> <i>office and outpatient hospital</i> <i>Coverage is limited to 36 visits per benefit period.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Dialysis/Hemodialysis</b> <i>office and outpatient hospital</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Chemo/Radiation Therapy</b> <i>office and outpatient hospital</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Skilled Nursing Care (facility)</b> <i>Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Inpatient Hospice</b>	20% coinsurance after deductible is met	40% coinsurance after deductible is met
<b>Durable Medical Equipment</b>	20% coinsurance after deductible is met	40% coinsurance after 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 deductible is met	40% coinsurance after deductible is met
<b>Hearing Aids</b> <i>Coverage for hearing aids is limited to children 1 through 17 years of age, with one hearing aid per ear every 36 months. Newborn hearing aids no limit.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Combined with In-Network medical deductible	Combined with Non-Network medical deductible
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit
<b>Prescription Drug Coverage</b> <b>Network: Base Network</b> <b>Drug List: National</b> <i>If you select a brand name drug when a generic drug is available, additional cost sharing amounts may apply.</i>		
<b>Day Supply Limits:</b> <b>Retail Pharmacy</b> 30 day supply (cost shares noted below) <b>Retail 90 Pharmacy</b> 90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies). <b>Home Delivery Pharmacy</b> 90 day supply (maximum cost shares noted below) Maintenance medications are available through CarelonRx Mail. You will need to call us on the number on your ID card to sign up when you first use the service. <b>Specialty Pharmacy</b> 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.		
<b>Preventive Drugs</b> No deductible, copayment or coinsurance applies to prescription drugs on the PreventiveRX Plus drug list when you use an In-Network Pharmacy.		
Tier 1 - Typically Generic	20% coinsurance after deductible is met (retail) and 10% coinsurance (home delivery)	40% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand	20% coinsurance after deductible is met (retail) and 10% coinsurance (home delivery)	40% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand	20% coinsurance after deductible is met (retail) and 10% coinsurance (home delivery)	40% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic)	20% coinsurance after deductible is met (retail) and 10% coinsurance (home delivery)	40% coinsurance after deductible is met (retail) and Not covered (home delivery)

**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 non-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 a Non-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.

*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.*

In Missouri, (excluding 30 counties in the Kansas City area) Anthem Blue Cross and Blue Shield is the trade name of 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. Independent licensees of the Blue Cross and Blue Shield Association. ® ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Questions: (833) 578-4436 or visit us at [www.anthem.com](http://www.anthem.com)



# 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.

## 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 [espanol.anthem.com](https://espanol.anthem.com).



## 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](https://anthem.com/register) to access most of the same features from your computer.

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

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# How to access your Anthem digital ID cards

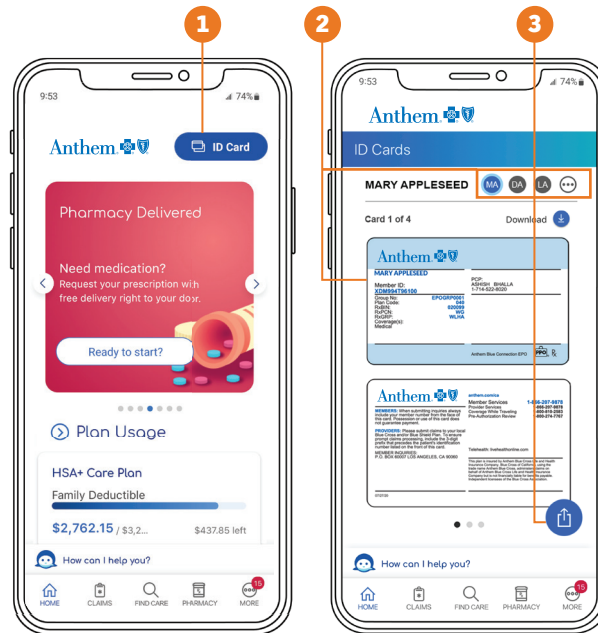
Your most up-to-date Anthem ID card is available digitally on the Sydney<sup>SM</sup> Health mobile app and [anthem.com](https://www.anthem.com).

Follow the simple steps below to access ID cards for yourself and any dependents on your plan.

## On Sydney Health:

- 1 Select **ID Card** in the top right corner of the homepage.
- 2 Your ID card will appear. If you have dependents enrolled in your plan, you will see an option to view their card(s) in the top right corner.
- 3 Choose whether you want to print, email, fax, or download your ID card(s).

**Note:** When you download your card, you can securely access it 24/7, online or offline.

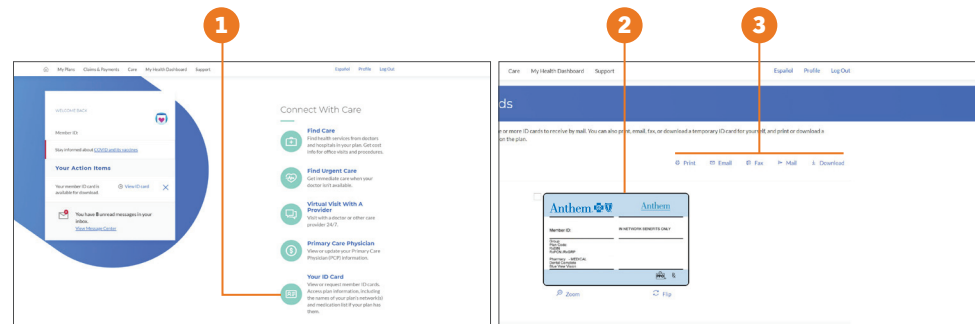


Download Sydney Health from the App Store® or Google Play™.



## On anthem.com:

- 1 Select **Your ID Card** on the homepage once you log in.
- 2 ID cards for you and any dependents enrolled in your plan will appear.
- 3 Choose whether you want to print, email, fax, mail, or download your ID card(s).



**If you have questions about your medical benefits, go to Live Chat**

Use the Sydney Health app or log in to [anthem.com](https://www.anthem.com) to connect with an Anthem representative in real-time with Live Chat. They can provide details on your healthcare benefits and answer questions about your coverage.

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

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# Anthem digital EOB



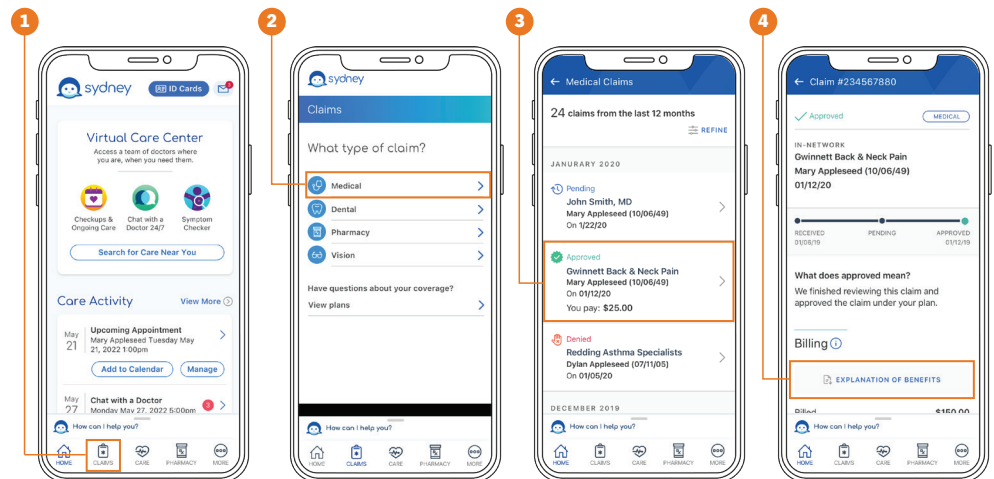
## A step-by-step guide to accessing your explanation of benefits

With your digital explanation of benefits (EOB), you'll never have to wait for your EOB to arrive in the mail. You can instantly check your EOBs for the last two years whenever it's convenient simply by using your smartphone or computer.

### Find your digital EOB on the Sydney<sup>SM</sup> Health app:

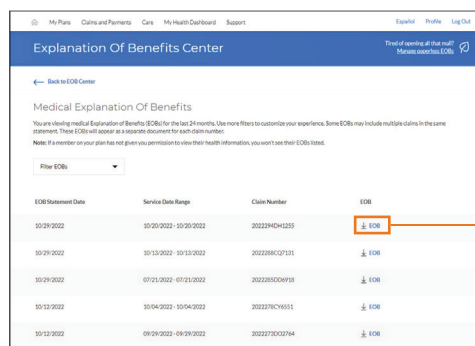
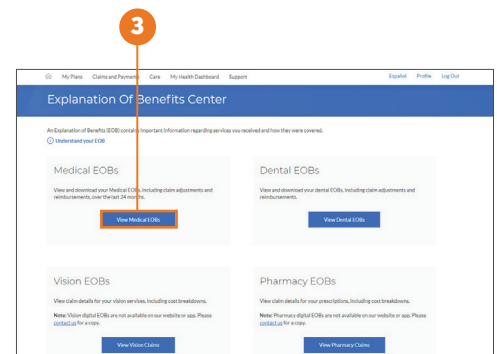
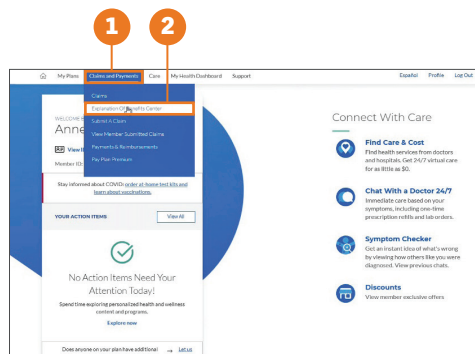
- 1 Go to **Claims**
- 2 Select **Medical, Dental, Pharmacy, or Vision**
- 3 Go to the claim you want to review
- 4 Choose **EOB**

Download the Sydney Health app today in the Google Play™ or App Store®.



### Find your digital EOB on anthem.com:

- 1 Go to **Claims and Payments**
- 2 Select **Explanation of Benefits Center**
- 3 Choose **Medical, Dental, Pharmacy, or Vision**
- 4 Choose **EOB**



If you have questions, use the chat feature on Sydney Health or **anthem.com**, or call Member Services at the number on your ID card.

### If you prefer to get your EOB by mail

Change your *Communications & Settings* preferences on Sydney Health or **anthem.com**, or call Member Services at the 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. ©2023

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# When you need care quickly

Knowing where to go can save you time and money

When you need care right away, the emergency room (ER) might be the first place that comes to your mind. However, the ER may not be the best choice in every situation. You have options when you have a sudden need for care, and knowing what they are can help you save time and money — and feel better sooner.

## Where to go for care

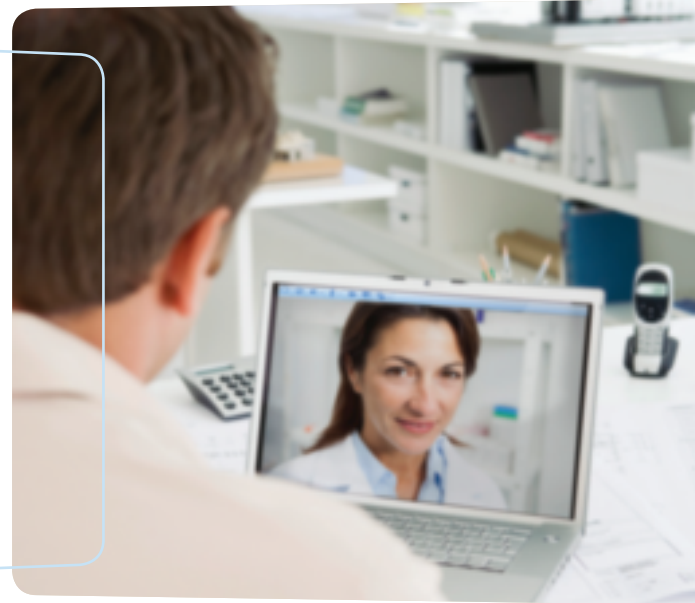
Going to the ER or calling 911 is always your best option for emergencies. If it's not an emergency, you can see your primary care physician (PCP), have a virtual visit with a doctor, or go to a retail health clinic or urgent care center. This chart compares those options:<sup>1</sup>

PCP	Virtual care	Retail health clinic	Urgent care center	Emergency room
Usually available during normal business hours and may also provide medical advice by phone after hours	24/7 access to doctors through the Sydney Health <sup>SM</sup> app, no appointment needed	Walk-in care clinics located in certain drugstores and major retailers	Stand-alone facilities, open extended hours	Stand-alone facilities or part of hospitals, open 24/7
				
cost <sup>7</sup> <b>\$\$</b>	cost <b>\$</b>	cost <b>\$\$</b>	cost <b>\$\$\$</b>	cost <b>\$\$\$\$</b>
average wait <sup>2</sup> <b>18 min</b>	average wait <sup>3</sup> <b>10 min</b>	average wait <sup>4</sup> <b>30 min</b>	average wait <sup>5</sup> <b>30 min</b>	average wait <sup>6</sup> <b>90 min</b>
Mild asthma, back pain, flu-like symptoms, allergies, fever, sprains, diarrhea, eye or sinus infection, rash, urinary tract infection (UTI), sore throat, earaches, bumps, minor cuts and scrapes, and other nonemergency symptoms	Flu-like symptoms, allergies, fever, sinus pain, diarrhea, eye infection, rash, UTI	They help ensure tests Sore throat, earaches, bumps, minor cuts and scrapes, UTI	Sprain and strains, nausea, diarrhea, ear or sinus pain, minor allergic reactions, cough, sore throat, minor headache, UTI	Signs of a heart attack (chest pain) or stroke (sudden numbness and slurred speech), difficulty breathing, and severe burn or bleeding — and any other symptoms where it is reasonable to think you are having a life-threatening emergency or your health is in serious jeopardy



# No waiting room, no need to leave home.

You can also meet with board-certified Psychiatrists using LiveHealth Online!



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.<sup>1</sup> 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.**<sup>2</sup> 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.**<sup>3</sup> 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](https://livehealthonline.com) or download the app and register on your phone or tablet.



**LiveHealth**  
O N L I N E



# Building Healthy Families



A new program to support growing families

## Benefits to help you thrive

Family Care Coaches

Interactive health trackers

24/7 access

Personalized content

Every family grows in its own way. That's part of what makes each one unique. Anthem's new, all-in-one program can help your family grow strong whether you're trying to conceive, expecting a child, or in the thick of raising young children.

Building Healthy Families offers personalized, digital support through the Sydney<sup>SM</sup> Health mobile app or on **anthem.com** at no extra cost to you. This convenient hub offers an extensive collection of tools and information to help you navigate your family's unique journey.

# Designed with you in mind

When you enroll in Building Healthy Families, you can count on personalized support at every stage, from family planning and pregnancy through the toddler years. Plus, if you have a family story that includes adoption, surrogacy, or single parenthood, the resources, tools, and information on your profile will be tailored to what you need. Depending on your situation, you'll have unlimited access to:



## Tools to help you stay organized

- Log newborn feedings, diaper changes, growth, vaccinations, and your child's developmental milestones.
- Monitor prenatal health risks, such as blood pressure and weight.



## Health and wellness expertise for you and your family

- Explore a library with thousands of educational articles and videos on everything from family planning to parenting tips.
- Connect with a maternity nurse and access virtual lactation support, if needed.



## Personalized pregnancy support

- Chat with a Family Care Coach during pregnancy for help navigating your Building Healthy Families experience.
- Receive updates on your pregnancy progress, like development of your baby and body changes.

It's exciting to watch your family grow, but that doesn't mean there aren't challenges along the way. Building Healthy Families can help you nurture your family's health and tackle every stage of growth with confidence.



## Enroll today

1. Visit **anthem.com** or log in to Sydney Health.
2. Find *Featured Programs* at the bottom of the homepage.
3. Select **View All** then choose the **Building Healthy Families** tile.

You can also scan this QR code with your phone's camera to get started.



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

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# Take your benefits with you

With the BlueCard® PPO and BlueCard Worldwide® programs

What happens if you're away from home and you need care right away? As an Anthem Blue Cross and Blue Shield (Anthem) member, you have access to care across the country through the **BlueCard® PPO Program**. This includes **92% of doctors and 96% of hospitals in the U.S.**<sup>1</sup>

If you're outside the U.S., you can use the **BlueCard Worldwide® Program**. It gives you access to doctors and hospitals in nearly 200 countries and territories around the world.<sup>2</sup>

## How to access care across the U.S.



Call 911 or go to the nearest hospital in an emergency.\*



Go to **anthem.com**, log in and use the **Find a Doctor** tool to search for a BlueCard PPO Program doctor or hospital.



Use the **Anthem app** to search for a BlueCard PPO Program doctor or hospital. Get turn-by-turn directions to the nearest doctor, urgent care center or hospital.



Call Member Services at the number on your ID card. They can help you find a doctor or hospital.

\*You or a family member need to call the Member Services number on your ID card within 24 hours (48 hours for members in Indiana) after going to the hospital or as soon as you can.

## Traveling?

### Here's what you need to know

- Before leaving the country, ask Member Services if your international benefits are different.
- Ask for approval before getting care. This is "precertification" and helps you find care covered by your plan. To see if you need precertification, call Member Services at the number on your ID card.
- Save money by seeing a BlueCard program doctor or hospital. You only pay your usual out-of-pocket amounts (such as deductible, your percentage of costs or copay). If you go to a doctor or hospital outside the program, you'll need to pay the entire bill up front.
- Show your Anthem ID card so they can check your benefits and send us a claim for processing.



### Remember to carry your ID card

The "PPO-in-a-suitcase" symbol shows you can get care from BlueCard PPO Program doctors and hospitals.



# How to access care around the world

The BlueCard Worldwide® Program gives you benefits when you travel outside the U.S.



## If you're outside the U.S. and need care, you can:



Go straight to the nearest hospital in an emergency.



Go to [bluecardworldwide.com](http://bluecardworldwide.com) to search for a doctor or hospital.



Use the BlueCard Worldwide app to find a doctor or hospital.



Call the BlueCard Worldwide Service Center 24/7 at **1-800-810-2583 (BLUE)** or call collect at **1-804-673-1177**. They can help you set up a doctor visit or hospital stay.

## Download the BlueCard Worldwide app today



### With the app, you can:

- Search for a doctor or hospital.<sup>3</sup>
- Get medical terms and phrases for many symptoms translated — and even use an audio feature to play the translation.<sup>3</sup>
- Find a drug's generic name, local brand name and if it's available.
- Get information about how to find and contact a U.S. embassy.



## What if you get care from a doctor or hospital who is not part of the BlueCard Worldwide Program?

1. You will need to pay up front in full for your care.
2. Download an international claim form at [bluecardworldwide.com](http://bluecardworldwide.com) or get a form by calling Member Services at the number on your ID card.
3. Fill out the claim form and send it with the original bills to the BlueCard Worldwide Service Center.

1 Blue Cross Blue Shield Association website, *About Blue Cross Blue Shield Association* (accessed January 2016): [bcbs.com/about-the-association/](http://bcbs.com/about-the-association/).

2 Blue Cross Blue Shield Association website, *Blue Facts: Healthcare Coverage Designed For Your Community, Accessible Across The Country* (accessed January 2016): [bcbs.com/healthcare-news/press-center/blue-facts.html](http://bcbs.com/healthcare-news/press-center/blue-facts.html).

3 Using the BlueCard Worldwide app itself does not require an Internet connection. However, using GPS for mapping or downloading an audio translation does require an Internet connection.



## A warm hello from Anthem Blue Cross and Blue Shield

We care about your health, so you might get a confidential call from us

If you ever get a phone call from us, don't worry — it's our way of letting you know we care about your health! We'll reach out to share important health information, appointment or health care reminders, or to let you know about a wellness program you may be eligible for. Our calls are always confidential, so you can feel comfortable talking with us.

### We call with your best interest at heart.

You can talk with us about concerns, such as losing weight, quitting smoking, preparing for surgery or making healthier life choices. If you're expecting a baby, we might introduce you to a supportive program that can help you enjoy a healthier pregnancy. Best of all, these programs don't cost you a thing. And we'll always explain how they work with your benefits.

Keep in mind:

- **We aren't "selling" anything — we promise.** We only call when we've noticed an area where we can help. The suggestions or programs we'll recommend are already included in your health benefits.
- **We'll ask you to verify your name and date of birth.** That's because we want to make sure we're speaking to the right person before we discuss your health. It's a way to protect your personal health information.

### Need to talk now? You can give us a call, too.

You can always reach out to us. We're here to help. Just call the Member Services number on the back of your ID card. We're here for you and want you to enjoy the best health possible. You deserve it.

Don't want to get a call? That's OK too, but you have to let us know. Just call the same Member Services number on the back of your ID card.

### Our phone calls make a big difference

In fact, about 90% of people who talked with our health and wellness team members said they felt supported in making the best decisions.\*

\* 2017 Clinical Satisfaction Study.

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## How to find the care you need:

1. Go to [anthem.com](https://www.anthem.com) or download the Sydney Health mobile app from the App Store® or Google Play™. Then, log in to:
  - Find a doctor if you don't have a PCP.
  - Have a virtual visit with a doctor using the Sydney Health<sup>SM</sup> mobile app.
  - Find a retail health clinic, urgent care center, or ER.
2. Choose **Find Care** and follow the steps.



### Did you know?

The average total cost of an ER visit can be up to **10 times** more than an urgent care center visit. ER wait time is usually about **three times** more than at an urgent care center.<sup>8</sup>



### Learn more about your healthcare options

Use your phone's camera to scan this QR code.



#### Sources:

1 The care options and list of symptoms are not all-inclusive. If possible, consult your PCP for more guidance.

2 Business Wire; *9th Annual Vitals Wait Time Report Released* (accessed July 2021); [businesswire.com](https://www.businesswire.com).

3 LiveHealth Online, internal data 2020.

4 Healthcare Finance: *Patient wait times show notable impact on satisfaction scores. Vitals study shows* (accessed July 2021); [healthcarefinancenews.com](https://www.healthcarefinancenews.com).

5 Urgent Care Association: *UCA 2019 Benchmarking Report* (accessed July 2021); [ucaa.org](https://www.ucaa.org).

6 Harvard Business Review: *To Reduce Emergency Room Wait Times, Tie Them to Payments* (accessed July 2021); [hbr.org](https://hbr.org).

7 Costs are ranked according to the member's estimated out-of-pocket costs and average health plan copays. Each plan may have different costs. Nonemergency care outside of your network may cost more out of pocket or may not be covered at all. \$ = lower cost, and \$\$\$ = higher cost.

8 Call the Member Services number on your ID card if you have questions about your plan.

8 Healthgrades: *Should You Go to the ER or Urgent Care? How to Decide* (accessed July 2021); [healthgrades.com](https://www.healthgrades.com).

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# We're here for you – in many languages

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

## Spanish

Usted tiene derecho a 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 ਆਪਣਾ ਅਧਿਕਾਰ ਹੈ। ਬਸ ਆਪਣਾ 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.

### 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>.

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).



## Are you ready to choose your plan?

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

## Your plan is here for you to use

### If you would like extra help

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. ©2023 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

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