

Welcome Rensselaer school employees



Elevating your
health plan
experience



Anthem 

Your HealthSync network

Questions and answers to help you save on healthcare costs

HealthSync is a network of carefully chosen, high-quality care providers who offer their services at the lowest rates available. That means you can see a doctor who is truly invested in your health. HealthSync also offers:

- Access to high-performing care providers who are driven by quality.
- Lower costs when you use a care provider in your plan's network.
- Access to nearly 10,000 care providers and 45 hospitals across Indiana.
- Easy-to-use access to care if you're out of state or away from home through BlueCard.

Below is information to help answer any questions you may have.

What are the benefits of HealthSync?

Anthem and your employer want you and your covered family members to have strong relationships with top-performing doctors to keep you at your healthiest. That's why HealthSync offers:

- Care providers with a proven track record of success for high-quality, personalized care and keeping costs low.
- Access to telehealth visits for minor or routine covered services.
- Lower costs.

What are tiers of coverage?

Your health plan has three tiers of coverage. The least-expensive options are when you receive care from providers in the HealthSync network (tier 1). You may still access care from providers in the Anthem preferred provider organization network (tier 2), and those expenses will be considered in your plan's network. Care providers in tier 3 are considered out of network and will have higher out-of-pocket costs. Here's a breakdown:

Tier 1 – HealthSync network (lowest costs for you)

Care providers in this network have agreed to become even stronger partners by giving enhanced care to patients, meeting best-practice quality standards, and charging the lowest fees for their services. A great deal of research goes into creating this network to benefit our members.

Tier 2 – Your health plan's network but not HealthSync (lower costs for you)

Care providers in your plan's network are not part of the HealthSync network, but they are still considered to be in network. That means your costs will still be lower than using care providers who are out of your plan's network.

Tier 3 – Outside of your plan's network (higher costs for you)

These care providers do not have contracted arrangements with Anthem, so there are no set limits for what they can charge. That can leave you with more out-of-pocket expenses for services.

How do HealthSync medical expenses work?

Your medical expenses will count toward your HealthSync and in-network deductible. This includes charges from HealthSync care providers, care providers in your plan's network, and prescriptions.

- Once you reach your HealthSync out-of-pocket maximum, HealthSync care providers will be covered 100%.
- Care providers in your plan's network will continue to apply toward your in-network deductible and in-network out-of-pocket maximum.



How will my health plan pay between the different tiers?

This chart below shows you an **example** of how benefits are paid. As you can see, the deductible, coinsurance, and out-of-pocket maximum is lower when you use HealthSync care providers.

Benefit	Tier 1 HealthSync care providers (in your plan's network — lowest costs for you)	Tier 2 care providers (in your plan's network)	Tier 3 care providers (not in your plan's network)
Deductible	\$1,500	\$4,500	\$13,500
Out-of-pocket maximum	\$8,500	\$8,500	\$19,500
Primary care doctor visit	\$15 copay	\$40 copay	Deductible + 50% coinsurance
Specialist visit	\$30 copay	\$80 copay	Deductible + 50% coinsurance
Urgent care	\$50 copay	Deductible + 30% coinsurance	Deductible + 50% coinsurance
Inpatient	Deductible + 10% coinsurance	Deductible + 30% coinsurance	Deductible + 50% coinsurance
Outpatient	Deductible + 10% coinsurance	Deductible + 30% coinsurance	Deductible + 50% coinsurance
Emergency	\$400 + 10% coinsurance	Same as preferred	Same as preferred
Ambulance	Deductible + 10% coinsurance	Same as preferred	Same as preferred

What care providers are in the HealthSync network?

The HealthSync network includes more than 10,000 care providers and 45 top hospitals throughout Indiana. These include:

- Ascension St. Vincent hospitals
- Bluffton Regional Medical Center
- Dukes Memorial Hospital
- Dupont Hospital
- Elkhart General Hospital
- Franciscan Health
- Good Samaritan Hospital
- Kosciusko Community Hospital
- Lutheran Hospital of Indiana
- Memorial Hospital of Logansport
- Memorial Hospital of South Bend
- OrthoIndy
- Perry County Memorial Hospital
- Schneck Medical Center
- St. Joseph Hospital (Fort Wayne)
- The Orthopedic Hospital

Do I have to use only HealthSync care providers?

No, you can use care providers in any of the three tiers. When you use HealthSync providers, you will have the lowest costs.

Do I need to get a referral from my primary care provider to see a specialist in the HealthSync network?

No, HealthSync plans are open access, which means referrals are not required.

What is care provider matching?

This service matches you and your dependents with a primary care provider (PCP) and records that PCP in the Anthem system as your assigned PCP. Care providers who participate in HealthSync have agreed to provide a higher level of service to their patients. This includes matching patients with care providers who are:

- Best suited to fit their needs.
- Able to provide quick access to appointments.
- Able to help with referrals and links to specialists and other care providers when needed.
- Able to provide top-quality care.
- In general practice, family practice, internal medicine, and pediatrics.

Why is care provider matching so important?

This matching is done so you get the most out of this new network arrangement. Anthem will send you a letter to let you know the care provider has been recorded for you and your covered dependents. If you want to change your PCP, you can [log in to anthem.com](https://www.anthem.com) and select **Update Primary Care Physician** or call the Member Services number on the back of your health plan ID card.

What if I already have a doctor or want to make a change?

If you or your covered dependent already have a PCP in the HealthSync network, Anthem will use your current claims to put them on record as your match. If you have a HealthSync nurse practitioner, it will be listed under the supervising doctor of the practice.

If at any time you want to make a change, you can:

- [Log in or register at anthem.com](https://www.anthem.com) or the SydneySM Health app.
- Hover over the *Care* tab and select **Update Primary Care Physician**.
- Select the member whose PCP you'd like to change.
- Search for and then select a PCP to update.

If you need help updating your HealthSync care provider information, call the Member Services number on the back of your ID card. Please note that any changes made to your PCP will not update automatically; they update at the first of each month.



We are here to help

If you have questions or need more information, please call the Member Services number on the back of your ID card.



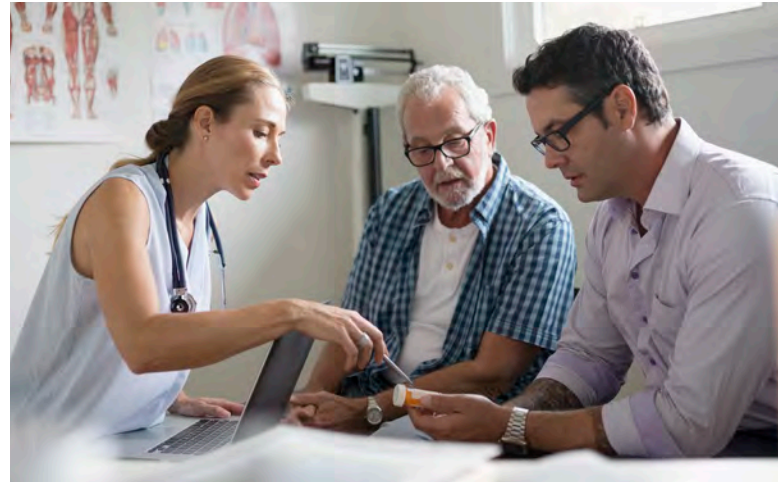
Sydney Health is offered through an arrangement with Cereon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023

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 also may receive a bill for any charges not covered by your health plan.

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What is HealthSync?

HealthSync is a network of high-performing practices offering value-based care. That means you get a physician who's truly invested in your health; one who builds a strong relationship with their patients. And better relationships often mean better health. It also means:



Individualized care

Access to advanced personalized care plans and behavioral health resources. Providers who have been selected based on their outcomes, continuity of care.



Affordable care

Discounts for services with all participating in-network doctors and hospitals.



BlueCard®

Seamless out-of-state and away from home access via Blue Care (HealthSync).

Why HealthSync?

- Anthem and your employer's goal is for you and your covered family members to have strong relationships with top-performing doctors and to experience better health outcomes.
- With HealthSync, expect to get more personalized care and pay less for your care when you use a HealthSync provider. You'll benefit from:



Lower deductibles



Lower co-insurance

- HealthSync providers have been successful in increasing the quality and affordability of care they deliver.
 - For you, this means a better health care experience and greater emphasis on overall well-being.

What is the value of HealthSync plans?

- HealthSync uses providers with a proven record of delivering high quality, cost-effective care.
- HealthSync offers higher value at a lower cost.

What care providers are in the HealthSync Network?

The HealthSync network includes more than 10,000 healthcare providers and 45 top hospitals throughout Indiana.

Bluffton Regional Medical Center	St. Joseph Hospital (Fort Wayne)	Good Samaritan Hospital
Elkhart General Hospital	The Orthopedic Hospital	Kosciusko Community Hospital
Gibson General Hospital	OrthoIndy	Memorial Hospital of South Bend
Lutheran Hospital of Indiana	Dupont Hospital	St. Vincent Hospitals
Memorial Hospital of Logansport	Franciscan Health	

What are the 3 network levels?

Your health plan has three tiers of coverage – HealthSync, In Network and Out of Network. The least expensive costs are achieved when you stay in the HealthSync network - Tier 1. You may still access care from providers in the Anthem PPO network (Tier 2), just as before, and those expenses will be considered in-network. Providers in Tier 3 will be considered out of network.

Tier 1 HealthSync

These providers have agreed to become even stronger partners, including providing enhanced service levels to patients, meeting best practice quality standards and charging the most cost-effective fees for their services. A great deal of work and research has gone into creating this network level to further benefit patients, providers and the health plans.

HealthSync providers will work hard to see patients the same day when needed (or as soon as possible if not urgent), help coordinate your care with other providers you may have to bring a more consolidated care approach and help you find your way through the healthcare system.

Tier 2 In-network, but not HealthSync

These providers continue to be partners in the plans, even though they are not contracted within the HealthSync network. You may still access care from providers in the Anthem network, just as before, and those expenses will be considered in-network.

Tier 3 Out-of-network

These providers do not have contracted arrangements through Anthem, meaning there are no set limits for what they can charge, leaving you with more to pay out-of-pocket for services.

What will my claims look like?

CLAIM #1

You went to Ascension St. Vincent and saw a Tier 1 provider. Therefore, you received the highest level of benefits.

[Reference your Tier 1 benefits on your benefits summary guide.](#)

CLAIM #2

You went to IU Health and saw a Tier 2 provider. You stayed in-network, but your level of benefits were not as high as seeing a Tier 1 provider.

[Reference your Tier 2 benefits on your benefits summary guide.](#)

CLAIM #3

If you went to a provider that does not participate in HealthSync or Tier 2 PPO, you will have the highest out of pocket cost and providers may balance bill you for services.

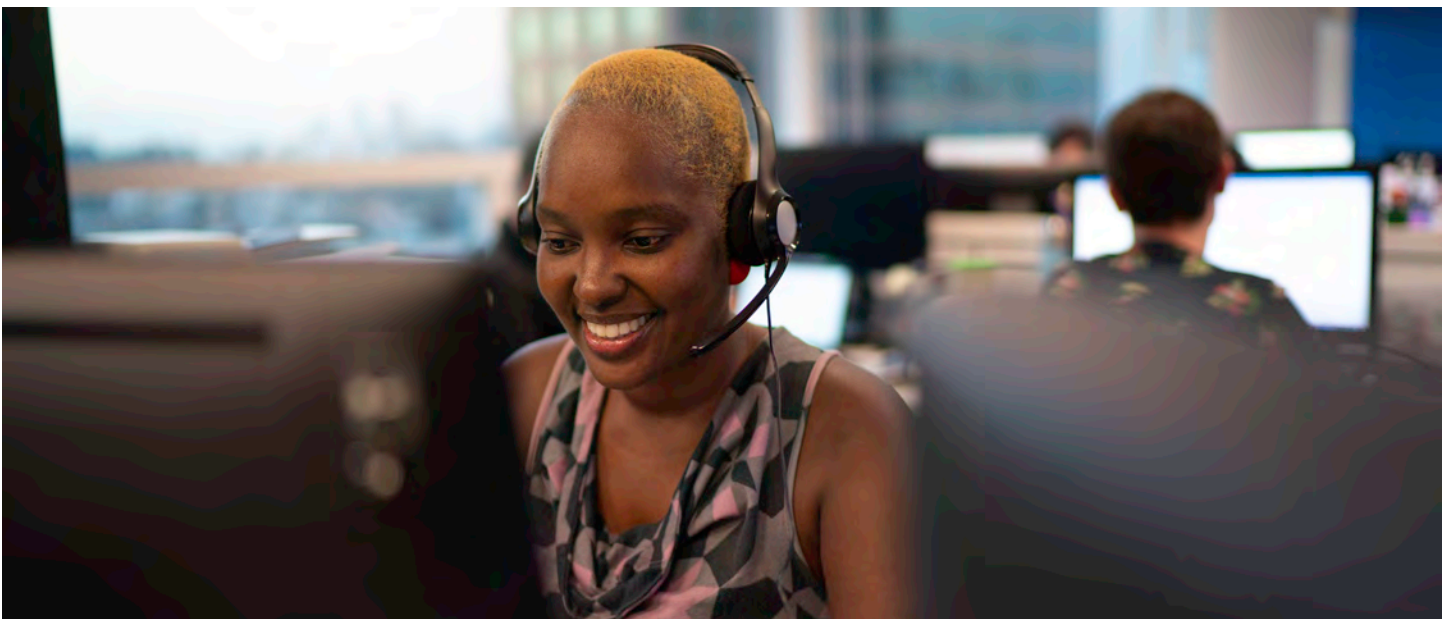
[Reference your Out-of-network \(Tier 3\) benefits summary guide.](#)

Do members need to get a referral from their PCP to see a specialist?

HealthSync plans are open access, meaning that referrals are not required.

What if I have more questions?

Contact Customer Service at 833-578-4441. Our Customer Service team will simplify the healthcare experience, so you better understand your health situation and are able to find the right care at the right time – for the right cost.



Anthem HealthSync High Performance Network Providers

HealthSync Network Locations - (by county)



Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: Anthem HealthSync Options POS 3 Tier Option 1 with Rx Option T9

Your Network: HealthSync

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge medical deductible does not apply
Mental Health & Substance Use Disorder Services	No charge medical deductible does not apply
Specialist care	\$30 copay per visit medical deductible does not apply

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$500 person / \$1,000 family	\$2,000 person / \$4,000 family	\$6,000 person / \$12,000 family
Overall Out-of-Pocket Limit	\$4,000 person / \$8,000 family	\$4,000 person / \$8,000 family	\$12,000 person / \$24,000 family

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

All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit.

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

The deductibles for Preferred Network and In-Network cross apply. Satisfying one helps satisfy the other. The out-of-pocket limits for Preferred Network and In-Network cross apply as well.

Doctor Visits (virtual and office) *Your plan requires the selection of a Primary Care Physician (PCP).*

Primary Care (PCP) and Mental Health and Substance Use Disorder Services <i>virtual and office</i>	\$15 copay per visit medical deductible does not apply	\$40 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Specialist Care <i>virtual and office</i>	\$30 copay per visit medical deductible does not apply	\$80 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<u>Other Practitioner Visits</u>			
Routine Maternity Care (Prenatal and Postnatal)	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	\$15 copay per visit medical deductible does not apply	\$40 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Manipulation Therapy <i>Coverage is limited to 12 visits per benefit period.</i>	\$30 copay per visit medical deductible does not apply	\$80 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
<u>Other Services in an Office</u>			
Allergy Testing <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$10 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Prescription Drugs <i>Dispensed in the office</i>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Surgery	\$30 copay per visit medical deductible does not apply [‡]	\$80 copay per visit medical deductible does not apply [‡]	50% coinsurance after medical deductible is met
Preventive care / screenings / immunizations	No charge	No charge	50% coinsurance after medical deductible is met
Preventive Care for Chronic Conditions <i>per IRS guidelines</i>	No charge	No charge	50% coinsurance after medical deductible is met
<u>Diagnostic Services</u>			
Lab			
Office	No charge	No charge	50% coinsurance after medical deductible is met
Freestanding Lab/Reference Lab	No charge	No charge	50% coinsurance after medical deductible is met
Outpatient Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
X-Ray			
Office	No charge	No charge	50% coinsurance after medical deductible is met
Outpatient Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i>			
Office	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Freestanding Radiology Center	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Outpatient Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<u>Emergency and Urgent Care</u>			
Urgent Care <i>includes doctor services. Additional charges may apply depending on the care provided.</i>	\$75 copay per visit medical deductible does not apply	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Emergency Room Facility Services <i>Your copay will be waived if admitted.</i>	\$250 copay per visit and then 10% coinsurance after medical deductible is met	Same as In-Network Tier 1	Covered as In-Network
Emergency Room Doctor and Other Services	10% coinsurance after medical deductible is met	Same as In-Network Tier 1	Covered as In-Network
Ambulance <i>Authorized Non-Network non-emergency ambulance services are limited to an Anthem maximum payment of \$50,000 per trip.</i>	10% coinsurance after medical deductible is met	Same as In-Network Tier 1	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility			
Facility Fees	\$0 copay per visit and then 10% coinsurance after medical deductible is met	\$0 copay per visit and then 30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Doctor Services	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<u>Outpatient Surgery</u>			
Facility Fees			
Hospital	\$0 copay per visit and then 10% coinsurance after medical deductible is met	\$250 copay per visit and then 30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Ambulatory Surgical Center	\$0 copay per visit and then 10% coinsurance after medical deductible is met	\$250 copay per visit and then 30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Physician and other services <i>including surgeon fees</i>			
Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Ambulatory Surgical Center	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
<u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u>			
Facility Fees	\$0 copay per admission and then 10% coinsurance after medical deductible is met	\$500 copay per admission and then 30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Human Organ and Tissue Transplants <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i>	No charge	No charge	50% coinsurance after medical deductible is met
Physician and other services <i>including surgeon fees</i>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Home Health Care <i>Coverage is limited to 120 visits per benefit period. Limits are combined for all home health services.</i>	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical and occupational therapies is limited to 40 visits combined per benefit period. Coverage for speech therapy is limited to 20 visits per benefit period.</i>			
Office	\$30 copay per visit medical deductible does not apply	\$80 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Pulmonary rehabilitation <i>Coverage is limited to 20 visits per benefit period.</i>			
Office	\$30 copay per visit medical deductible does not apply	\$80 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Cardiac rehabilitation <i>Coverage is limited to 36 visits per benefit period.</i>			
Office	\$30 copay per visit medical deductible does not apply	\$80 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Dialysis/Hemodialysis			
Office	No charge	No charge	50% coinsurance after medical deductible is met
Outpatient Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Chemo/Radiation Therapy			

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Office	\$30 copay per visit medical deductible does not apply [‡]	\$80 copay per visit medical deductible does not apply [‡]	50% coinsurance after medical deductible is met
Outpatient Hospital	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Skilled Nursing Care (facility) <i>Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period.</i>	\$0 copay per admission and then 10% coinsurance after medical deductible is met	\$500 copay per admission and then 30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Inpatient Hospice	No charge	No charge	No charge
Durable Medical Equipment	10% coinsurance after medical deductible is met	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Prosthetic Devices <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	50% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Not applicable	Not applicable	Not applicable
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit

Prescription Drug Coverage

Network: Rx Choice Tiered Network

Drug List: Essential Drugs not included on the Essential drug list will not be covered.

Day Supply Limits:

Retail Pharmacy 30 day supply (cost shares noted below)

Retail 90 Pharmacy 90 day supply (3 times the 30 day supply cost share(s) charged at Preferred Network and In-Network Retail Pharmacies noted below applies).

Home Delivery Pharmacy 90 day supply (maximum cost shares noted below). Maintenance medications are available through CarelonRx Pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Specialty Pharmacy 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.			
Tier 1 - Typically Generic	\$10 copay per prescription (retail) and \$20 copay per prescription (home delivery)	\$20 copay per prescription (retail) and Not covered (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand	\$35 copay per prescription (retail) and \$88 copay per prescription (home delivery)	\$45 copay per prescription (retail) and Not covered (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand	\$100 copay per prescription (retail) and \$250 copay per prescription (home delivery)	\$110 copay per prescription (retail) and Not covered (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic)	25% coinsurance up to \$350 per prescription (retail and home delivery)	25% coinsurance up to \$450 per prescription (retail) and Not covered (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Covered Vision Benefits		Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<i>This is a brief outline of your vision coverage. To receive the In-Network benefit, you must use a Blue View Vision Provider. Only children's vision services count towards your out-of-pocket limit.</i>			
Children’s Vision exam (up to age 19) <i>Limited to 1 exam per benefit period.</i>		No charge	\$0 copayment up to plan's Maximum Allowed Amount
Adult Vision exam (age 19 and older) <i>Limited to 1 exam per benefit period.</i>		No charge	Reimbursed Up to \$42

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.
- 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.
- The representations of benefits in this document are subject to Indiana Department of Insurance (IN DOI) 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 Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

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Questions: (833) 578-4441 or visit us at www.anthem.com

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: Anthem HealthSync Options POS HSA with Copays 3 Tier Option E1 with Rx Option T12

Your Network: HealthSync

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	K Health: No charge after deductible is met LiveHealth Online: 0% coinsurance after deductible is met
Mental Health & Substance Use Disorder Services	0% coinsurance after deductible is met
Specialist care	\$30 copay per visit after deductible is met

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$3,200 person / \$6,400 family	\$4,500 person / \$9,000 family	\$15,000 person / \$30,000 family
Overall Out-of-Pocket Limit	\$7,000 person / \$14,000 family	\$7,000 person / \$14,000 family	\$21,000 person / \$42,000 family

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

All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit.

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

The deductibles for Preferred Network and In-Network cross apply. Satisfying one helps satisfy the other. The out-of-pocket limits for Preferred Network and In-Network cross apply as well.

Doctor Visits (virtual and office) *Your plan requires the selection of a Primary Care Physician (PCP).*

Primary Care (PCP) and Mental Health and Substance Use Disorder Services <i>virtual and office</i>	\$15 copay per visit after deductible is met	\$40 copay per visit and 20% coinsurance after deductible is met	50% coinsurance after deductible is met
Specialist Care <i>virtual and office</i>	\$30 copay per visit after deductible is met	\$80 copay per visit and 20% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<u>Other Practitioner Visits</u>			
Routine Maternity Care (Prenatal and Postnatal)	No charge after deductible is met	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	\$15 copay per visit after deductible is met	\$40 copay per visit and 20% coinsurance after deductible is met	50% coinsurance after deductible is met
Manipulation Therapy <i>Coverage is limited to 12 visits per benefit period.</i>	\$30 copay per visit after deductible is met	\$80 copay per visit and 20% coinsurance after deductible is met	50% coinsurance after deductible is met
<u>Other Services in an Office</u>			
Allergy Testing <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$10 copay after deductible is met. When billed as part of an office visit, there is no additional cost to the member for the injection.</i>	No charge after deductible is met	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Prescription Drugs <i>Dispensed in the office</i>	No charge after deductible is met	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Surgery	\$30 copay per visit after deductible is met [†]	\$80 copay per visit and 20% coinsurance after deductible is met [†]	50% coinsurance after deductible is met
Preventive care / screenings / immunizations	No charge	No charge	50% coinsurance after deductible is met
Preventive Care for Chronic Conditions <i>per IRS guidelines</i>	No charge	No charge	50% coinsurance after deductible is met
<u>Diagnostic Services</u>			
Lab			
Office	No charge after deductible is met	No charge after deductible is met	50% coinsurance after deductible is met
Freestanding Lab/Reference Lab	No charge after deductible is met	No charge after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	No charge after deductible is met	20% coinsurance after deductible is met	50% coinsurance after deductible is met
X-Ray			
Office	No charge after deductible is met	No charge after deductible is met	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	No charge after deductible is met	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i>			
Office	No charge after deductible is met	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Freestanding Radiology Center	No charge after deductible is met	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	No charge after deductible is met	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<u>Emergency and Urgent Care</u>			
Urgent Care <i>includes doctor services. Additional charges may apply depending on the care provided.</i>	\$75 copay per visit after deductible is met	\$150 copay per visit and 20% coinsurance after deductible is met	50% coinsurance after deductible is met
Emergency Room Facility Services <i>Your copay will be waived if admitted.</i>	\$250 copay per visit after deductible is met	Same as In-Network Tier 1	Covered as In-Network
Emergency Room Doctor and Other Services	No charge after deductible is met	Same as In-Network Tier 1	Covered as In-Network
Ambulance <i>Authorized Non-Network non-emergency ambulance services are limited to an Anthem maximum payment of \$50,000 per trip.</i>	No charge after deductible is met	Same as In-Network Tier 1	Covered as In-Network
<u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u>			
Facility Fees	0% coinsurance after deductible is met	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Doctor Services	No charge after deductible is met	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<u>Outpatient Surgery</u>			
Facility Fees			
Hospital	0% coinsurance after deductible is met	\$250 copay per visit and 20% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgical Center	0% coinsurance after deductible is met	\$250 copay per visit and 20% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Physician and other services <i>including surgeon fees</i> Hospital Ambulatory Surgical Center	No charge after deductible is met No charge after deductible is met	20% coinsurance after deductible is met 20% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met
<u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u> Facility Fees Human Organ and Tissue Transplants <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i> Physician and other services <i>including surgeon fees</i>	0% coinsurance after deductible is met 0% coinsurance after deductible is met No charge after deductible is met	\$500 copay per admission and 20% coinsurance after deductible is met \$500 copay per admission and 20% coinsurance after deductible is met 20% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met
Home Health Care <i>Coverage is limited to 120 visits per benefit period. Limits are combined for all home health services.</i>	No charge after deductible is met	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical and occupational therapies is limited to 40 visits combined per benefit period. Coverage for speech therapy is limited to 20 visits per benefit period.</i> Office Outpatient Hospital	\$30 copay per visit after deductible is met No charge after deductible is met	\$80 copay per visit and 20% coinsurance after deductible is met 20% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met
Pulmonary rehabilitation <i>Coverage is limited to 20 visits per benefit period.</i> Office	\$30 copay per visit after deductible is met	\$80 copay per visit and 20% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	No charge after deductible is met	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Cardiac rehabilitation <i>Coverage is limited to 36 visits per benefit period.</i> Office Outpatient Hospital	 \$30 copay per visit after deductible is met No charge after deductible is met	 \$80 copay per visit and 20% coinsurance after deductible is met 20% coinsurance after deductible is met	 50% coinsurance after deductible is met 50% coinsurance after deductible is met
Dialysis/Hemodialysis Office Outpatient Hospital	 No charge after deductible is met No charge after deductible is met	 No charge after deductible is met 20% coinsurance after deductible is met	 50% coinsurance after deductible is met 50% coinsurance after deductible is met
Chemo/Radiation Therapy Office Outpatient Hospital	 \$30 copay per visit after deductible is met [†] No charge after deductible is met	 \$80 copay per visit and 20% coinsurance after deductible is met [†] 20% coinsurance after deductible is met	 50% coinsurance after deductible is met 50% coinsurance after deductible is met
Skilled Nursing Care (facility) <i>Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period.</i>	0% coinsurance after deductible is met	\$500 copay per admission and 20% coinsurance after deductible is met	50% coinsurance after deductible is met
Inpatient Hospice	No charge after deductible is met	Same as In-Network Tier 1	Covered as In-Network
Durable Medical Equipment	No charge after deductible is met	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	No charge after deductible is met	20% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	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 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 In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit
Prescription Drug Coverage Network: Rx Choice Tiered Network Drug List: Essential Drugs not included on the Essential drug list will not be covered.			
Day Supply Limits: Retail Pharmacy 30 day supply (cost shares noted below) Retail 90 Pharmacy 90 day supply (3 times the 30 day supply cost share(s) charged at Preferred Network and In-Network Retail Pharmacies noted below applies). Home Delivery Pharmacy 90 day supply (maximum cost shares noted below). Maintenance medications are available through CarelonRx Pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service. Specialty Pharmacy 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.			
Tier 1 - Typically Generic	\$10 copay per prescription after deductible is met (retail) and \$20 copay per prescription after deductible is met (home delivery)	\$20 copay per prescription after deductible is met (retail) and Not covered (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand	\$35 copay per prescription after deductible is met (retail) and \$88 copay per prescription after deductible is met (home delivery)	\$45 copay per prescription after deductible is met (retail) and Not covered (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand	\$100 copay per prescription after deductible is met (retail) and \$250 copay per prescription after deductible is met (home delivery)	\$110 copay per prescription after deductible is met (retail) and Not covered (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic)	25% coinsurance up to \$350 per prescription after deductible is met	25% coinsurance up to \$450 per prescription after deductible is met	50% coinsurance after deductible is met (retail) and Not covered

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
	(retail and home delivery)	(retail) and Not covered (home delivery)	(home delivery)
Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider	
<i>This is a brief outline of your vision coverage. To receive the In-Network benefit, you must use a Blue View Vision Provider. Only children's vision services count towards your out-of-pocket limit.</i>			
Children's Vision exam (up to age 19) <i>Limited to 1 exam per benefit period.</i>	No charge	\$0 copayment up to plan's Maximum Allowed Amount	
Adult Vision exam (age 19 and older) <i>Limited to 1 exam per benefit period.</i>	No charge	Reimbursed Up to \$42	

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.
- 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.
- The representations of benefits in this document are subject to Indiana Department of Insurance (IN DOI) 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 Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

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Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: Anthem HealthSync Options POS HSA 3 Tier Option E3

Your Network: HealthSync

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 a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$4,000 person / \$8,000 family	\$5,500 person / \$11,000 family	\$16,500 person / \$33,000 family
Overall Out-of-Pocket Limit	\$7,000 person / \$14,000 family	\$7,000 person / \$14,000 family	\$21,000 person / \$42,000 family

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

All medical and prescription drug deductibles, copayments and coinsurance apply to the out-of-pocket limit.

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

The deductibles for Preferred Network and In-Network cross apply. Satisfying one helps satisfy the other. The out-of-pocket limits for Preferred Network and In-Network cross apply as well.

Doctor Visits (virtual and office) *Your plan requires the selection of a Primary Care Physician (PCP).*

Primary Care (PCP) and Mental Health and Substance Use Disorder Services <i>virtual and office</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Specialist Care <i>virtual and office</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<u>Other Practitioner Visits</u>			
Routine Maternity Care (Prenatal and Postnatal)	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Manipulation Therapy <i>Coverage is limited to 12 visits per benefit period.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
<u>Other Services in an Office</u>			
Allergy Testing	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Prescription Drugs <i>Dispensed in the office</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Surgery	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Preventive care / screenings / immunizations	No charge	No charge	50% coinsurance after deductible is met
Preventive Care for Chronic Conditions <i>per IRS guidelines</i>	No charge	No charge	50% coinsurance after deductible is met
<u>Diagnostic Services</u>			
Lab			
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Freestanding Lab/Reference Lab	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
X-Ray			
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Advanced Diagnostic Imaging <i>for example: MRI, PET and CAT scans</i>			
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Freestanding Radiology Center	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
<u>Emergency and Urgent Care</u>			
Urgent Care	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Emergency Room Facility Services <i>Your copay will be waived if admitted.</i>	\$250 copay per visit and 20% coinsurance after deductible is met	Same as In-Network Tier 1	Covered as In-Network
Emergency Room Doctor and Other Services	20% coinsurance after deductible is met	Same as In-Network Tier 1	Covered as In-Network
Ambulance <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	Same as In-Network Tier 1	Covered as In-Network
<u>Outpatient Mental Health and Substance Use Disorder Services at a Facility</u>			
Facility Fees	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Doctor Services	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
<u>Outpatient Surgery</u>			
Facility Fees			
Hospital	20% coinsurance after deductible is met	\$250 copay per visit and 40% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgical Center	20% coinsurance after deductible is met	\$250 copay per visit and 40% coinsurance after deductible is met	50% coinsurance after deductible is met
Physician and other services including surgeon fees			
Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Ambulatory Surgical Center	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<u>Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)</u>			
Facility Fees	20% coinsurance after deductible is met	\$500 copay per admission and 40% coinsurance after deductible is met	50% coinsurance after deductible is met
Human Organ and Tissue Transplants <i>Cornea transplants are treated the same as any other illness and subject to the medical benefits.</i>	20% coinsurance after deductible is met	\$500 copay per admission and 40% coinsurance after deductible is met	50% coinsurance after deductible is met
Physician and other services including surgeon fees	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Home Health Care <i>Coverage is limited to 120 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	50% coinsurance after deductible is met
Rehabilitation and Habilitation services <i>including physical, occupational and speech therapies.</i> <i>Coverage for physical and occupational therapies is limited to 40 visits combined per benefit period. Coverage for speech therapy is limited to 20 visits per benefit period.</i>			
Office	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Pulmonary rehabilitation office and outpatient hospital <i>Coverage is limited to 20 visits per benefit period.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Cardiac rehabilitation office and outpatient hospital <i>Coverage is limited to 36 visits per benefit period.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Dialysis/Hemodialysis office and outpatient hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Chemo/Radiation Therapy office and outpatient hospital	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use a Preferred Network Provider	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Skilled Nursing Care (facility) <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	\$500 copay per admission and 40% coinsurance after deductible is met	50% coinsurance after deductible is met
Inpatient Hospice	20% coinsurance after deductible is met	Same as In-Network Tier 1	Covered as In-Network
Durable Medical Equipment	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met
Prosthetic Devices <i>Coverage for wigs is limited to 1 item after cancer treatment per benefit period.</i>	20% coinsurance after deductible is met	40% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	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 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 In-Network medical out-of-pocket limit	Combined with Non-Network medical out-of-pocket limit

Prescription Drug Coverage

Network: Rx Choice Tiered Network

Drug List: Essential Drugs not included on the Essential drug list will not be covered.

Day Supply Limits:

Retail Pharmacy 30 day supply (cost shares noted below)

Retail 90 Pharmacy 90 day supply (3 times the 30 day supply cost share(s) charged at Preferred Network and In-Network Retail Pharmacies noted below applies).

Home Delivery Pharmacy 90 day supply (maximum cost shares noted below). Maintenance medications are available through CarelonRx Pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.

Specialty Pharmacy 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.

Tier 1 - Typically Generic	20% coinsurance after deductible is met (retail and home delivery)	30% coinsurance after deductible is met (retail) and Not covered (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
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Covered Prescription Drug Benefits	Cost if you use a Preferred Network Pharmacy	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Tier 2 – Typically Preferred Brand	20% coinsurance after deductible is met (retail and home delivery)	30% coinsurance after deductible is met (retail) and Not covered (home delivery)	50% 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 home delivery)	30% coinsurance after deductible is met (retail) and Not covered (home delivery)	50% 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 home delivery)	30% coinsurance after deductible is met (retail) and Not covered (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Covered Vision Benefits		Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<i>This is a brief outline of your vision coverage. To receive the In-Network benefit, you must use a Blue View Vision Provider. Only children's vision services count towards your out-of-pocket limit.</i>			
Children's Vision exam (up to age 19) <i>Limited to 1 exam per benefit period.</i>		No charge	\$0 copayment up to plan's Maximum Allowed Amount
Adult Vision exam (age 19 and older) <i>Limited to 1 exam per benefit period.</i>		No charge	Reimbursed Up to \$42

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.
- 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.
- The representations of benefits in this document are subject to Indiana Department of Insurance (IN DOI) approval and are subject to change.

**INDIANA
(continued)****HENRY
(continued)**

**FRED'S HCMH O/P
PHARMACY ***
License(s): 60005279
152 WITTENBRAKER AVE ②
NEW CASTLE, IN 47362
765-521-1483

**FREDS NEIGHBORHOOD
PHARMACY ***
License(s): 60005202
320 S MAIN ST ②
NEW CASTLE, IN 47362
765-529-3313

KROGER PHARMACY * ● ❖
License(s): 60005166A
120 S MEMORIAL DR ①
NEW CASTLE, IN 47362
765-529-7330

WALGREENS * ❖
License(s): 60006095A
100 N MEMORIAL DR ②
NEW CASTLE, IN 47362
765-521-0189

**WALMART
PHARMACY * ● ❖**
License(s): 60005081A
3167 S STATE ROAD 3 ①
NEW CASTLE, IN 47362
765-529-5997

HOWARD

CVS PHARMACY * ● ❖
License(s): 60006526A
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765-452-4437

4026 S 00 EAST W ①
KOKOMO, IN 46902
765-453-3979

610 W MARKLAND AVE ①
KOKOMO, IN 46901
765-457-4407

GENOA HEALTHCARE LLC *
License(s): 60006473A
322 N MAIN ST RM 134 ②
KOKOMO, IN 46901
765-252-0810

**HERBST APOTHECARY
INC * ❖**
License(s): 60002425
201 N DIXON RD ②
KOKOMO, IN 46901
765-457-1191

HERBST PHARMACY * ❖
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KOKOMO, IN 46901
765-457-1191

2330 S DIXON RD ②
KOKOMO, IN 46902
765-455-5418

KROGER PHARMACY * ● ❖
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2821 S WASHINGTON ST ①
KOKOMO, IN 46902
765-453-3173

**KROGER SAVON
PHCY * ● ❖**
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KOKOMO, IN 46901
765-457-0800

MEIJER PHARMACY * ❖
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2301 E MARKLAND AVE ②
KOKOMO, IN 46901
765-454-7810

WALGREENS * ❖
License(s): 60006036A
2345 E MARKLAND AVE ②
KOKOMO, IN 46901
765-868-4798

2400 W SYCAMORE ST ②
KOKOMO, IN 46901
765-868-0140
3608 S LAFOUNTAIN ST ②
KOKOMO, IN 46902
765-455-2191

**WALMART
PHARMACY * ● ❖**
License(s): 60005084A
1920 E MARKLAND AVE ①
KOKOMO, IN 46901
765-456-3641

HUNTINGTON

**BENDIX HEALTH
CENTER * ❖**
License(s): 71006803A
1850 RIVER FORKS DR ②
HUNTINGTON, IN 46750
260-200-1310

CVS PHARMACY * ● ❖
License(s): 60004627A
1901 N JEFFERSON ST ①
HUNTINGTON, IN 46750
260-356-6600

GENOA HEALTHCARE LLC *
License(s): 60006841A
2860 NORTH PARK AVE
ROOM 115 ②
HUNTINGTON, IN 46750
833-905-3005

OWENS PHARMACY * ● ❖
License(s): 60005766A
2718 GUILFORD ST ①
HUNTINGTON, IN 46750
260-358-1506

WALGREENS * ❖
License(s): 60003626A
1804 N JEFFERSON ST ②
HUNTINGTON, IN 46750
260-358-0014

**WALMART
PHARMACY * ● ❖**
License(s): 60005089A
2800 WAL MART DR ①
HUNTINGTON, IN 46750
260-358-8610

WARREN PHARMACY
License(s): 60004799
222 N WAYNE ST ②
WARREN, IN 46792
260-375-2135

JACKSON

CVS PHARMACY * ● ❖
License(s): 60004526A
415 S MAIN ST ①
BROWNSTOWN, IN 47220
812-358-3671

201 E TIPTON ST ①
SEYMOUR, IN 47274
812-522-2628

FAMILY DRUG * ● ❖
License(s): 60004121
810 W COMMERCE ST ②
BROWNSTOWN, IN 47220
812-358-4502

**FAMILY DRUG OF
SEYMOUR * ● ❖**
License(s): 60006685A
202 E TIPTON ST ②
SEYMOUR, IN 47274
812-522-4522

**JAY C FOOD
STORES * ● ❖**
License(s): 60006327A
1541 E TIPTON ST ①
SEYMOUR, IN 47274
812-522-4401

WALGREENS * ❖
License(s): 60006114A
319 E TIPTON ST ②
SEYMOUR, IN 47274
812-522-0620

**WALMART
PHARMACY * ● ❖**
License(s): 60005035A
1600 E TIPTON ST ①
SEYMOUR, IN 47274
812-522-5252

JASPER

CVS PHARMACY * ● ❖
License(s): 60004696A
310 N HALLECK ST ①
DEMOTTE, IN 46310
219-987-3301

107 N CULLEN ST ①
RENSSELAER, IN 47978
219-866-5400

**NORTHSHORE DEMOTTE
PHARMACY * ●**
License(s): 60006822A
200 3RD CT SE ②
DEMOTTE, IN 46310
219-764-5377

VALLEY PHARMACY * ❖
License(s): 60006695A
325A N HALLECK ST ②
DEMOTTE, IN 46310
219-987-3330

WALGREENS * ❖
License(s): 60006204A
226 N HALLECK ST ②
DEMOTTE, IN 46310
219-987-4900

550 S COLLEGE AVE ②
RENSSELAER, IN 47978
219-866-4156

**WALMART
PHARMACY * ● ❖**
License(s): 60005087A
905 S COLLEGE AVE ①
RENSSELAER, IN 47978
219-866-0466

JAY

CVS PHARMACY * ● ❖
License(s): 60004778A
1130 S MAIN ST ①
DUNKIRK, IN 47336
765-768-6131

802 N MERIDIAN ST ①
PORTLAND, IN 47371
260-726-9393

**WALMART
PHARMACY * ● ❖**
License(s): 60005090A
950 W VOTAW ST ①
PORTLAND, IN 47371
260-726-3782

JEFFERSON

CVS PHARMACY * ● ❖
License(s): 60004734A
110 E LAGRANGE RD ①
HANOVER, IN 47243
812-866-5599

500 CLIFTY DR ①
MADISON, IN 47250
812-273-2117

KROGER PHARMACY * ● ❖
License(s): 60005535A
525 E CLIFTY DR ①
MADISON, IN 47250
812-273-3343

WALGREENS * ❖
License(s): 60006094A
129 CLIFTY DR ②
MADISON, IN 47250
812-273-5840

**WALMART
PHARMACY * ● ❖**
License(s): 60005050A
567 IVY TECH DR ①
MADISON, IN 47250
812-273-6338

JENNINGS

CVS PHARMACY * ● ❖
License(s): 60004732A
10 N STATE ST ①
NORTH VERNON, IN 47265
812-346-1200

**JAY C FOOD
STORES * ● ❖**
License(s): 60005868A
2325 N STATE
HIGHWAY 3 ①
NORTH VERNON, IN 47265
812-352-1780

WALGREENS * ❖
License(s): 60005932A
9 N STATE ST ②
NORTH VERNON, IN 47265
812-346-4834

**WALMART
PHARMACY * ● ❖**
License(s): 60005038A
2410 N STATE
HIGHWAY 3 ①
NORTH VERNON, IN 47265
812-346-6323

JOHNSON

CVS PHARMACY * ● ❖
License(s): 60006161A
5020 N STATE ROAD 135 ①
BARGERSVILLE, IN 46106
317-535-1898

11 N MORTON ST ①
FRANKLIN, IN 46131
317-738-9713

402 MARKETPLACE DR ①
GREENWOOD, IN 46142
317-865-2650

640 S STATE ROAD 135 ①
GREENWOOD, IN 46142
317-882-0465

655 US HIGHWAY 31 S ①
GREENWOOD, IN 46142
317-881-1655

895 S STATE ROAD 135 ①
GREENWOOD, IN 46143
317-883-5215

705 TRAFALGAR POINTE
PL ①
TRAFALGAR, IN 46181
317-878-5245

39 S US HIGHWAY 31 ①
WHITELAND, IN 46184
317-535-9001

GENOA HEALTHCARE LLC *
License(s): 60006784A
1860 NORTHWOOD PLZ
STE 119 ②
FRANKLIN, IN 46131
317-474-6298

65 AIRPORT PKWY
STE 109 ②
GREENWOOD, IN 46143
317-807-6292

KROGER PHARMACY * ● ❖
License(s): 60005283A
970 N MORTON ST ①
FRANKLIN, IN 46131
317-736-9574

2200 INDEPENDENCE DR ①
GREENWOOD, IN 46143
317-883-4145

3100 MERIDIAN PARKE
DR ①
GREENWOOD, IN 46142
317-887-5757

5961 N SR 135 ①
GREENWOOD, IN 46143
317-530-3087

MEIJER PHARMACY * ❖
License(s): 60006605
2390 N MORTON ST ②
FRANKLIN, IN 46131
317-346-9610

150 MARLIN DR ②
GREENWOOD, IN 46142
317-885-3010

**SAM'S CLUB
PHARMACY * ● ❖**
License(s): 60005547A
1101 WINDHORST WAY ②
GREENWOOD, IN 46143
317-887-0093

**THE DERMATOLOGY
CENTER OF INDIANA ***
License(s): 01051021A
2800 S STATE RD 135 SUITE
250 ②
GREENWOOD, IN 46143
561-714-7807

WALGREENS * ❖
License(s): 60005481A
20 S MORTON ST ②
FRANKLIN, IN 46131
317-736-8089

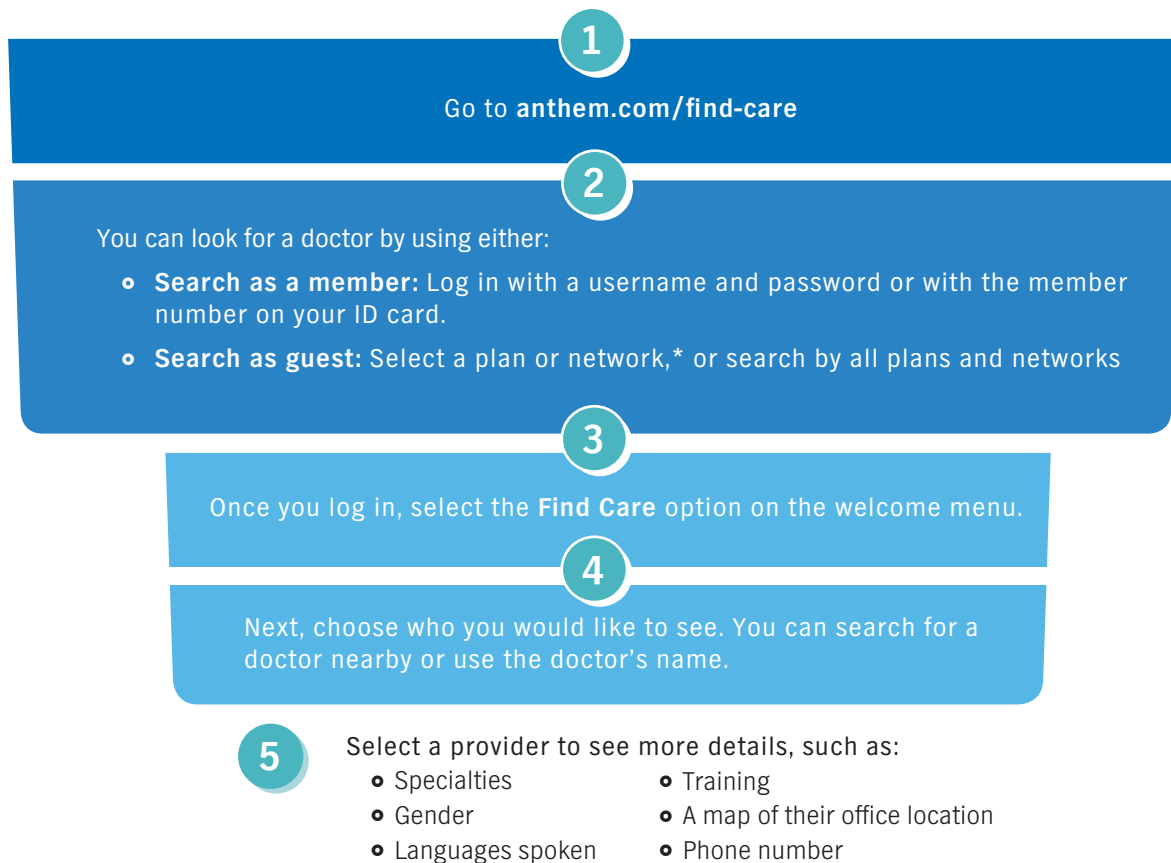
Are you looking for a doctor?

It's easy to find one online

The right doctor can have a positive impact on your health and well-being. Choosing one in your plan can save you money as well. The **Find Care** tool helps you locate doctors, dentists, eye care professionals, hospitals, labs, and other health care providers in your plan. If you decide to see a doctor outside your plan, your costs will be higher and your care may not be covered. Therefore, it is a good idea to learn how this convenient tool can help you find care.



How to find a doctor near you:



Health information that goes where you go

The **Sydney Health app** makes it easy to find information about your plan benefits wherever you are. The app keeps everything you need to know about your plan personalized and in one place. Download the app today.

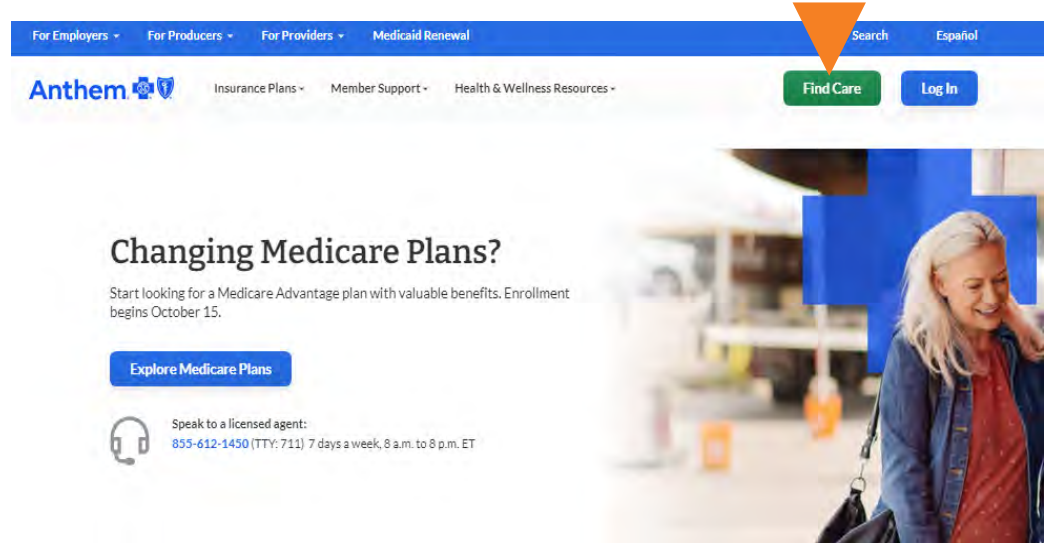
* If you don't know the name of the plan or network, check with your human resources department or benefits administrator.

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How to find a HealthSync provider

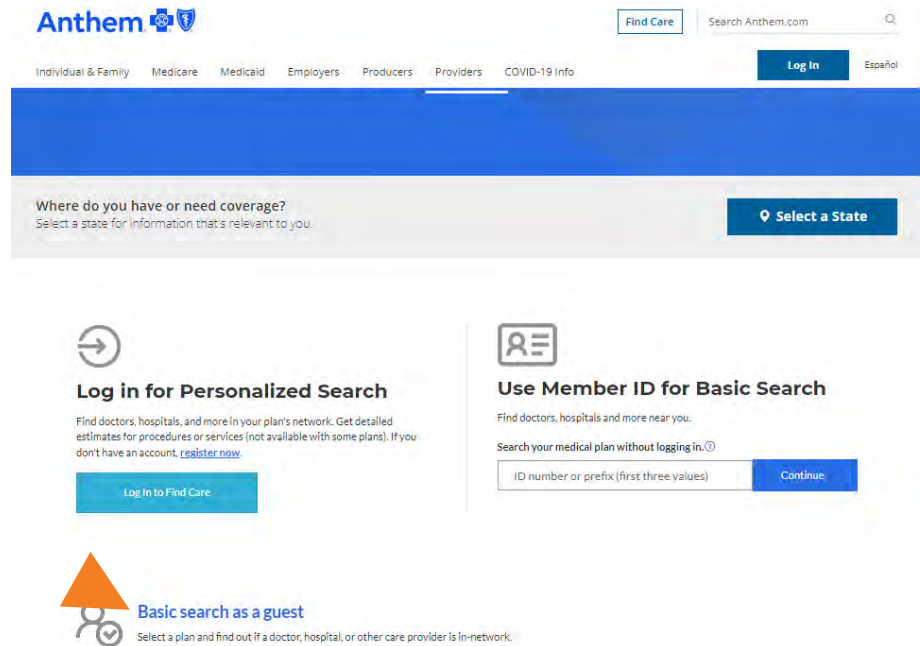
Step 1

- Go to [anthem.com](https://www.anthem.com)
- Click on **Find Care** in the upper right corner



Step 2

- Click on **Basic search as a guest**



Step 3

- For type of plan or network, select

Medical Plan or Network

- For state, select **Indiana**
- For how you get health insurance, select **Medical (Employer Sponsored)**
- For plan or network select **HealthSync Options POS (Open Access)**
- Select **Continue**

Basic search as a guest

Select the type of plan or network

Medical Plan or Network (may also include dental, vision, or pharmacy benefits)

Care Providers for Behavioral Health & Substance Use Disorder Services are listed under Medical plan or network.

Select the state where the plan or network is offered. (For employer-sponsored plans, select the state where your employer's plan is contracted in. Most of the time, it's where the headquarters is located.)

Indiana

Select how you get health insurance

Medical (Employer-Sponsored)

Select a plan or network

HealthSync Options POS (Open Access)

Step 4

- Input **City, County, or Zip**
(The program will provide dropdown boxes for you to select a City and State)
- Input Search for care. Most popular search is *General/Acute Hospital or Primary Care (Doctor)*
- You can also input your doctor's name or name of hospital in the search function. The search feature will provide names for you to select.

HINT: You can click on any of these options for frequently searched care options.

Step 5

- View your search results, under **In-Network Medical Plan** look at the **Tier**

HealthSync providers have a **Tier 1** Recognition

Sort by: Benefit Tier

Filter Clear All

Hospitals & Facilities Medical Groups General/Acute Care Hospital

Key Filters

☐ Tier 1

Distance

20 Miles

Specialty

☐ Behavioral Health Facility

☐ Behavioral Health Group

☐ Clinics

☐ Family/General Practice, Internal Med

☒ General/Acute Care Hospital

☐ IPA/PMG (Medical Group)

Provider	In-Network Medical Plan	View Details
<input type="checkbox"/> ASCENSION ST VINCENT HOSPITAL (317) 703-1970 8602 Allisonville Rd INDIANAPOLIS, IN 46250 MARION County, IN +Locations 0.63 miles 5 min Get Directions	In-Network Medical Plan Tier 1 Recognitions (2) General Acute Care Hospital	View Details
<input type="checkbox"/> ORTHOINDY HOSPITAL (317) 956-1280 10995 Allisonville Rd Ste 101 FISHERS, IN 46038 HAMILTON County, IN +Locations 3.26 miles 10 min Get Directions	In-Network Medical Plan Tier 1 Recognition (1) General Acute Care Hospital	View Details
<input type="checkbox"/> ASCENSION ST VINCENT HEART CENTER (317) 383-5000 10580 N Meridian St CARMEL, IN 46290 HAMILTON County, IN	In-Network Medical Plan Tier 1 Recognitions (2) General Acute Care Hospital ★ ★ ★ ★ ☆	View Details

In-network providers are **Tier 2**

<input type="checkbox"/> COMMUNITY HOSPITALS NORTH (317) 621-6262 7150 Clearvista Dr INDIANAPOLIS, IN 46256 MARION County, IN 1.44 miles 8 min Get Directions	In-Network Medical Plan Tier 2 Recognitions (4) General Acute Care Hospital ★ ★ ★ ★ ☆	View Details
<input type="checkbox"/> COMMUNITY FAIRBANKS RECOVERY CENTER (317) 849-8222 8102 Clearvista Pkwy INDIANAPOLIS, IN 46256 MARION County, IN 1.66 miles 6 min Get Directions	In-Network Medical Plan Tier 2 Recognition (1) General Acute Care Hospital	View Details
<input type="checkbox"/> NEUROBEHAVIORAL CONSULTANTS LLC (317) 550-3042 6296 Rucker Rd Ste A INDIANAPOLIS, IN 46220 MARION County, IN 2.40 miles 9 min Get Directions	In-Network Medical Plan Tier 2 Clinical Psychologist +Specialties	View Details


Wellbeing Solutions





Focus on your well-being and earn rewards up to \$200

The more activities you complete, the greater your reward

The Wellbeing Solutions program connects you with easy-to-use digital health and wellness tools that can help you stay your best. When you complete any of the activities listed below sponsored by your employer, you'll earn rewards to put toward electronic gift cards for select retailers. You choose the activities you'd like to complete to receive the maximum of \$200.

Activity Type	Activities	Amount
 Preventive care	Have an annual preventive wellness exam or well woman exam with your doctor	\$25
	Get an annual cholesterol test ¹	\$20
	Have a colorectal cancer screening (ages 45 and older)	\$25
	Have a routine mammogram (women ages 40 to 74)	\$25
	Have an annual eye exam ²	\$25
	Get an annual flu shot	\$20



Activity Type	Activities	Amount
 Condition management programs	ConditionCare: Work one on one with your health coach and earn rewards for participating in and completing the program ³	Up to \$50 (\$20/\$30)
	Building Healthy Families: Support is available through the Sydney SM Health app wherever you are in your family planning process, such as trying to conceive or raising your toddler ⁴	Up to \$40 (\$10/\$10/\$10/\$10)
	Well-being Coach – Weight Management: Receive one-on-one coaching by phone as you complete your goal to earn a reward ⁵	\$25
	Well-being Coach – Tobacco Cessation: Receive one-on-one coaching by phone as you complete your goal to earn a reward ⁶	\$25
 Digital & wellness activities	Log in to your Anthem account	\$5
	Connect a fitness or lifestyle device	\$5
	Complete a health assessment and receive tailored health recommendations	\$20
	Complete action plans around eating healthy, weight management, and physical activity	Up to \$25 (\$5 per action plan)
	Track your steps	Up to \$60 (\$2 per 50,000 steps tracked)
	Complete Well-being Coach digital daily check-ins ⁷	Up to \$20 (\$4 per milestone)
	Update your contact information	\$10

Well-being Coach can help you meet your goals

The Well-being Coach digital coaching app offers you 24/7 personalized support. Well-being Coach can help you maintain a healthy weight, quit tobacco, and improve your nutrition, exercise habits, mindfulness, and sleep. If you need extra support with weight management or quitting tobacco, talk to a certified health coach.

Earn rewards

Here's how and when you'll earn rewards for completing the activities already mentioned.

Preventive care: Simply visit your doctor for any of the screenings or appointments listed in the chart. Your rewards are added to your account after your claim is processed, which may take up to 60 days.

Condition management: Rewards are added to your account as you meet certain benchmarks or complete a program. Programs include: ConditionCare (for asthma, diabetes, and heart or lung conditions), Building Healthy Families, and Well-being Coach for weight management and tobacco cessation.

Digital and wellness activities: Log in to the Sydney Health app or **anthem.com** to complete available activities, such as taking a health assessment, participating in the Well-being Coach digital program, and tracking your steps. Rewards are added to your account as activities are completed.



Use your rewards toward electronic gift cards for select retailers.

- 1 To view your rewards, open the Sydney Health app or go to **anthem.com**. Next, go to *My Health Dashboard*.
- 2 Select **My Rewards**.
- 3 Select **Redeem Rewards** to see how much you've earned. Use your rewards toward electronic gift cards from popular retailers, including Amazon, Uber, Gap Options (all brands), Apple, Target, The Home Depot, and TJ Maxx. The minimum gift card amount is set by each individual retailer.



Download the Sydney Health mobile app by scanning this QR code with your phone's camera.

Do you have questions?

Log in at **anthem.com** or open the Sydney Health app. Then go to *My Health Dashboard* and select **My Rewards** to learn more. You can also call Member Services at the number on your ID card.

1 Annual cholesterol test eligibility: men 35 years and older, women 40 years and older with a full cholesterol (lipid) panel.

2 Annual eye exam reward is available if employer provides vision coverage through **Anthem**.

3 Adult members identified as moderate or high risk are eligible for ConditionCare and may receive a reward for participation in 1 of 5 ConditionCare programs and completion for 1 of 5 ConditionCare programs: (chronic obstructive pulmonary disease [COPD], coronary artery disease [CAD], asthma, diabetes, and congestive heart failure [CHF]. Rewards include: \$20 for program participation and \$30 for program completion.

4 Building Healthy Families milestone completion dates: BHF Pregnancy Screener must be completed in first trimester; at least 1 of 6 mini assessments must be completed by one day prior to delivery; postpartum assessment must be completed by 56 days after delivery. Rewards include: \$10 for profile completion; \$10 for a BHF Pregnancy Screener; \$10 for completing at least 1 of 6 mini assessments; \$10 for a postpartum assessment.

5 Well-being Coach Weight Management program (telephonic) is available for members who are identified as high risk based on a body mass index (BMI) of 30 or higher.

6 Well-being Coach Tobacco Cessation program (telephonic) is available for members who are identified as high risk based on any tobacco usage.

7 Members may earn rewards for completing quarterly Well-being Coach digital milestones while logging daily check-in activities on the app. Daily check-in reward values: first check-in: \$4; next 15 check-ins during first quarter: \$4; 25 check-ins during second through fourth quarters: \$4 each quarter. Log in to Sydney Health or **anthem.com** to download the Well-being Coach digital app. Well-being Coach is provided by Lark Health.

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

We encourage you to actively participate in your rewards program. Rewards earned should be redeemed before the end of the current plan year. Unused rewards are forfeited three months after the end of your plan year. Make sure to redeem them before then.

All preventive care activities are claims-based, which means your completion is determined when a claim is processed. Medical waivers apply to claim-based activities.

Rewards eligibility applies only to subscribers and their enrolled spouse/domestic partner. Members must be active on the plan and their activity must take place during the plan year. A subscriber and spouse/domestic partner may earn rewards when eligible activities are completed and, in some instances, are verified by an Anthem claim.

The reward amount you receive may be considered income to you and subject to state and federal taxes in the tax year it is paid. You should consult a tax expert with any questions regarding tax obligations.

Electronic gift card availability may vary. The list of retailers available for electronic gift card rewards redemption is subject to change. Log on to **anthem.com** or open the Sydney Health app to explore the electronic gift card options available to you.

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Wellbeing Solutions

can help you achieve better health



Your whole health matters. That's why your plan includes Wellbeing Solutions. This suite of programs helps you with everyday health and covers all areas of your well-being.

It's easy to participate in Wellbeing Solutions programs using SydneySM Health, our fully integrated mobile app, and **anthem.com**. Access these resources anytime to find Wellbeing Solutions programs that match your healthcare needs.

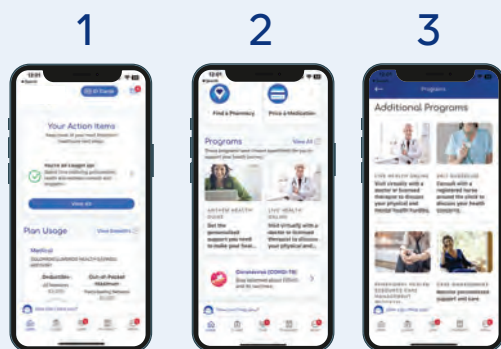
Connect with Sydney Health

Use Sydney Health for a convenient way to find information about your medical, pharmacy, dental, vision, and Wellbeing Solutions benefits.

1. Download, open, register, and/or sign into the Sydney Health mobile app.
2. Scroll down to *Programs* from the homepage and choose **View All**.
3. Browse the wellness programs included in your plan.



Scan this QR code with your smartphone to download the Sydney Health app.



Making your well-being a priority

Explore Wellbeing Solutions programs at [Sydney Health > My Health Dashboard > Programs](#)



Mental health resources

Behavioral Health Case Management. If you're trying to manage a behavioral health condition, you don't have to do it alone. Our behavioral health case managers are licensed mental health professionals who provide strong support for you and your family. They offer guidance for you and your loved ones to help improve your quality of life.

Emotional Wellbeing Resources. Learn effective ways to develop resilience, reduce stress, and practice mindfulness. Digital tools help you identify thoughts and behavior patterns that affect your emotional well-being. Through online programs and personalized coaching, you'll learn effective ways to manage stress, anxiety, depression, substance use, and sleep issues.

Autism Spectrum Disorder Program. Receive support for a covered family member with an autism spectrum disorder. Our licensed behavior analysts can help you navigate the healthcare system and address any unique family challenges. We focus on the whole family and work with all of you to understand and access available care.



Personalized support

Case Management. After an illness or hospitalization, you can receive one-on-one support and care coordination from our team of medical professionals. They partner with you and your family to help guide you through the healthcare system and make the most of your benefits. Their goal is to understand your needs from all angles and help you get the best care possible.

ConditionCare. Receive personalized support from a healthcare professional for a chronic condition, like asthma or diabetes, to help you reach your health goals. We may call you to find out if ConditionCare could help you manage your condition and reach your health goals.

Health Assessment. Complete your health assessment to receive your personalized report. Know what's going well and if there are any at-risk areas you could work on to improve your health.

MyHealth Advantage. We provide you with a confidential health summary that includes reminders for checkups, tests, and exams; lists of claims and prescriptions; and general health tips.





Care when you need it most

24/7 Nurseline. Talk to a trained, registered nurse without leaving your home. Convenient, 24/7 care means you can quickly get the answers you need to common health concerns.

Building Healthy Families. Personalized, on-demand health support for your growing family. Your nurse is available to you by phone throughout your pregnancy and postpartum. You'll also have 24/7 access to a convenient online hub with extensive tools and information at no extra cost to you.

We're glad to support you

With Wellbeing Solutions, you can continue on your path to whole-person health knowing you have the care and support to help you with each step. If you have any questions, 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

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The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use SydneySM 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.



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 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.

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. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, 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 Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its 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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Save money with SpecialOffers and discounts

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



Dental, hearing, and vision

Dental

ProClear™ Aligners

You can improve your smile without metal braces and dental visits. These clear, teeth-straightening aligners, which you buy online, are an excellent lower-cost option to the regular wire braces or aligner treatments you receive through an orthodontist.

RefreshaDent

Save on premium dentures from the comfort of your home with a lifetime warranty.

Hearing

NationsHearing®

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

Hearing Care Solutions

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

Amplifon

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

Eyewear

Glasses.com® and 1-800 CONTACTS®

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

EyeMed

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

LASIK

Premier LASIK Network

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

TruVision

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

Health and fitness

Health

BREVENA

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

ChooseHealthy®

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

LifeMart®

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

Fitness

Active&Fit Direct™

Choose from more than 11,900 participating fitness centers nationwide at a discounted rate. This program is offered through American Specialty Health Fitness, Inc.

Fitbit®

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

Garmin®

Discounts are available on select Garmin wellness devices.

GlobalFit®

Discounts are available for gym memberships, fitness equipment, coaching, and other services.

Family and home

Family

WINFertility®

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

Safe Beginnings®

Babyproof your home while saving on everything from safety gates to outlet covers.

23andMe®

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

Home

Nationwide® pet insurance

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

ASPCA® Pet Health Insurance

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

Medicine and treatment

Medicine

Puritan's Pride®

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

Allergy Control Products and National Allergy Supply™

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

Treatment

The Living Well Course Series

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

▶ **Learn more about SpecialOffers**
Log in to **anthem.com**, choose **Care**, and select **Discounts**.

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