

2025 open enrollment

Your guide to your

Access Blue New England - HMO HMO



Welcome to Anthem

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

Why Anthem

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

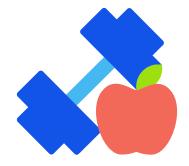


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Use your preventive care benefits

Stay healthy and catch problems early for easier treatment





Our health plans offer all the preventive care services and immunizations below at no cost to you. As long as you use a doctor, pharmacy, or lab in your plan's network, you won't have to pay anything. If you go to doctors or facilities that are not in your plan, you may have to pay out of pocket.

If you are not sure which exams, tests, or shots are right for you, talk to your doctor.

Preventive care vs. diagnostic care: Knowing the difference

Preventive care helps protect you from getting sick. If your doctor recommends services when you have no symptoms, that's preventive care. **Diagnostic care** is when you have symptoms, and your doctor recommends services to determine what's causing those symptoms.

Adult preventive care

General preventive physical exams, screenings, and tests (all adults):

- Alcohol and drug misuse: related screening and behavioral counseling
- Anxiety, depression, and suicide risk screenings
- Aortic aneurysm screening (for men who have smoked)
- Behavioral counseling to promote a healthy diet and physical activity
- High blood pressure (hypertension) screening
- Bone density test to screen for osteoporosis

- Cholesterol and lipid (fat) levels screening
- Colorectal cancer screenings, including fecal occult blood test, barium enema, flexible sigmoidoscopy (exam of the large intestine), screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)²
- Diabetes screening (type 2)³
- Exercise interventions to prevent falls in adults over age 65

- Hepatitis B virus (HBV) screening for people at increased risk of infection
- Hepatitis C virus (HCV) screening
- Hearing screening
- Height, weight, and body mass index (BMI) measurements
- Human immunodeficiency virus (HIV): screening and counseling
- Interpersonal and domestic violence: screening and counseling
- Lung cancer screening for adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years²

- Obesity: related screening and counseling³
- Prostate cancer screenings, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Syphilis infection screening for persons who are at increased risk
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening

Women's preventive care:

- Breast cancer screenings, including exam, mammogram, and genetic testing for BRCA1 and BRCA2 when certain criteria are met⁵
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies, and counseling^{6,7,8/9}
- Chlamydia and gonorrhea screening
- Contraceptive (birth control) counseling
- Counseling related to chemoprevention for those at high risk for breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer

- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Human papillomavirus (HPV) screening⁷
- Pelvic exam and Pap test, including screening for cervical cancer
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, HIV, healthy weight, preeclampsia, and depression⁷
- · Urinary incontinence screening
- Well-woman visits

Immunizations:

- Diphtheria, tetanus, and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps, and rubella (MMR)
- Meningococcal (meningitis)

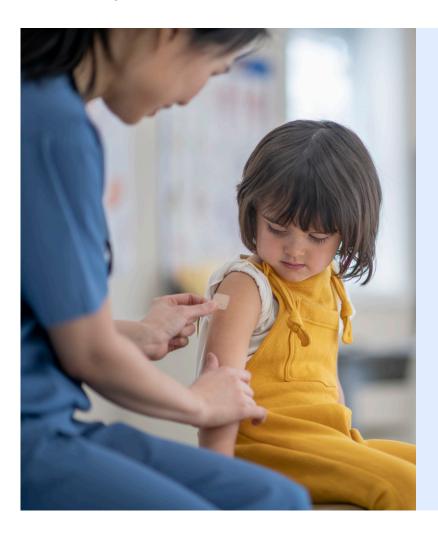
- Monkeypox and/or smallpox (at risk)
- Pneumococcal (pneumonia)
- Respiratory syncytial virus (RSV)
- Severe acute respiratory syndrome coronavirus 2 (SARS CoV 2)(COVID-19)
- Varicella (chickenpox)
- Zoster (shingles)

Child preventive care

Preventive physical exams, screenings, and tests:

- · Anemia screening
- Anxiety, depression, and suicide risk screenings
- Autism Spectrum Disorder (ASD) screening
- · Blood pressure screening
- Cervical dysplasia (abnormal cell growth on the cervix) screening
- Cholesterol and lipid (fat) levels screening
- · Development and behavior screening
- Diabetes screening (type 2)
- Hearing screening
- Height, weight, and BMI measurements
- Hemoglobin or hematocrit (blood count) screening
- Hepatitis B screening
- HIV screening

- · Lead testing
- Newborn screening
- · Obesity: related screening and counseling
- Ocular prophylaxis for Gonococcal Ophthalmia Neonatorium: Preventive medication: newborns
- Oral (dental health) assessment, when done as part of a preventive care visit
- Sexually transmitted infections: related screening and counseling
- Skin cancer counseling for those ages 6 months to 24 years with fair skin
- Sudden cardiac arrest/death risk assessment
- Tobacco, alcohol, and drug use assessments
- Vision screening for those ages 6 months to 5 years



Immunizations:

- Chickenpox
- Flu
- Haemophilus influenza type B (HIB)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Meningitis
- Measles, mumps, and rubella (MMR)
- Pneumonia
- Polio
- Respiratory syncytial virus (RSV)
- Rotavirus
- Severe acute respiratory syndrome coronavirus 2 (SARS CoV 2)(COVID-19)
- Whooping cough

Coverage for pharmacy items

For 100% coverage of your over-the-counter (OTC) drugs and other pharmacy items listed here, you must:

- Meet certain age requirements and other rules
- Receive and fill prescriptions from doctors, pharmacies, or other healthcare professionals in your plan's network
- Have prescriptions, including for OTC items

Women's preventive drugs and other pharmacy items (age appropriate):

- Breast cancer risk-reducing medications, such as tamoxifen, raloxifene, and aromatase inhibitors, that follow the U.S. Preventive Services Task Force criteria²
- Contraceptives, including generic prescription drugs and OTC items like condoms and spermicides^{7,8}
- Folic acid for women ages 55 or younger who are planning to become pregnant
- Low-dose aspirin (81 mg) for pregnant women who have an increased risk of preeclampsia

Adult preventive drugs and other pharmacy items (age appropriate):

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease (CVD), preeclampsia, and colorectal cancer in adults younger than age 70
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening for members ages 45 to 75
- Generic low-to-moderate dose statins for members ages 40 to 75 who have one or more CVD risk factors (dyslipidemia, diabetes, hypertension, or smoking)
- Preexposure prophylaxis (PrEP) for the prevention of HIV
- Tobacco cessation products, including all FDAapproved brand-name and generic OTC and prescription products, for members ages 18 and older

Child preventive drugs and other pharmacy items (age appropriate):

- Dental fluoride varnish to prevent tooth decay in children ages 5 and younger
- Fluoride supplements for children ages 6 and younger

If you'd like more help understanding your preventive care benefits, call the Member Services number on your health plan ID card. For a complete list of covered preventive drugs under the Affordable Care Act, view the *Preventive ACA Drug List* flyer, available at anthem.com/pharmacyinformation.

The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents, and women supported by Health Resources and Services Administration (HRSA) guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your certificate of coverage or call the Member Services number on your ID card.

2 You may be required to receive preapproval for these services

3 The Centers for Disease Control and Prevention (CDC)-recognized diabetes prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

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

5 Check your medical policy for details.

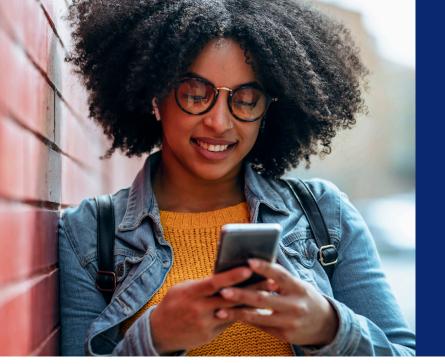
6 Breast pumps and supplies must be purchased from suppliers or retailers in your plan's network for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.

7 This benefit also applies to those younger than age 19

8 You may pay a share of cost for other prescription contraceptives, based on your drug benefits. Your cost share may be woived if your doctor decides that using the multisource brand or brand name is medically necessary.

8/9 Counseling services for breastfeeding (lactation) can be provided or supported by a doctor or facility in your plan's network, such as apediatrician, OB-GYN, or family medicine doctor, and hospitals with no member cost share (deductible, copay, or coinsurance). Contact the provider to see if such services are available.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc., HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc., In Indiana: Anthem Insurance Companies, Inc., In Georgia. Blue Cross Blue Shield Health Kear Plan of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky, Anthem Health Plans of Kentucky, Inc., In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): Right Child CE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates only provide administerious exercises for self-funded plans and do not underwritte benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., abo HMO Nevoda. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc., and Anthem HealthChoice Organy. In Virginia: Anthem Health Plans of Virginia, Inc. In 17 southeastern counties of New York: Anthem Health Plans of Nirginia, Inc. In 18 southeastern counties of New York: Anthem Health Plans of Virginia, Inc. In 18 southeastern counties of New York: Anthem Health Plans of Virginia, Inc. In 18 southeastern counties of New York: Anthem Health Plans of Virginia except for the City of Earliance, Inc. In 18 southeastern Plans of Virginia, Inc. In 18 southeastern Plans of Virginia, Inc. In 18 southeastern Plans of Virginia except for the City of Earliance, Inc. In 18 southeastern Plans of Virginia except for the City of Earliance, Inc. In 18 southeastern Plans of Virginia except for the City of Earliance, Inc. In 18 southeastern Plans of Virginia except for the City of Earliance, Inc. In 18 southeastern Plans of Virginia except for the City of Earliance, Inc. In 18 southeastern Plans of Virginia except for the City of E



Anthem.

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.



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 professional in your plan's network. If you receive care from a doctor or healthcare professional not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. @2020-2022 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 and the most contained by the same to be sheld as the desired and another in colorador. Accord, who then metalth Plans, in. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, inc. In Indiana: Anthem Instants Companies, inc. In Kentucky: Anthem Health Plans, in. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, inc. In Indiana: Anthem Instants Companies, inc. In Kentucky: Anthem Health Plans of Mentucky: Anthem Health Plans of Mentuck

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Blue View VisionSM C 20.20.130.80 Adult Plan Benefits for Groups of 2-50 Included with New Hampshire Health Plans



Welcome to your Blue View Vision plan!

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

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY		
Routine Eye Exam					
A comprehensive eye examination	\$20 copay	No allowance when obtained out-of-network	Once every calendar year		
Eyeglass Frames					
One pair of eyeglass frames	\$130 allowance, then 20% off any remaining balance	No allowance when obtained out-of-network	Once every two calendar years		
Eyeglass Lenses (instead of contact lenses)					
One pair of standard plastic prescription lenses: o Single vision lenses o Bifocal lenses o Trifocal lenses Eyeglass Lens Enhancements When obtaining covered eyewear from a Blue View Vision provide		No allowance	Once every two calendar years at no extra cost. Same as covered		
• Factory scratch coating \$0 copay when obtained out-of-network eyeglass lenses Contact Lenses (instead of eyeglass lenses) Contact Lense (instead of eyeglass lenses) Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot					
be used for subsequent purchases in the same benefit period, not Elective conventional (non-disposable) OR Floating disposable	\$80 allowance, then 15% off any remaining balance	No allowance when obtained out-of-network	Once every two		
Elective disposable OR	\$80 allowance (no additional discount)	out-or-network	calendar years		
Non-elective (medically necessary)	Covered in full				

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

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

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense. Sunglasses. Plano sunglasses and accompanying frames. Safety Glasses. Safety glasses and accompanying frames. Not Specifically Listed. Services not specifically listed in this plan as covered services.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Orthoptics. Orthoptics or vision training and any associated supplemental testing.

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW V	In-network Member Cost (after any applicable copay)	
Retinal Imaging - at member's option can be performed a	t time of eye exam	Not more than \$39
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	 Transitions Lenses Standard Polycarbonate Tint (Solid and Gradient) UV Coating Progressive Lenses¹ Standard Premium Tier 1 Premium Tier 2 Premium Tier 3 Anti-Reflective Coating² Standard Premium Tier 1 Premium Tier 1 Other Add-ons 	\$75 \$40 \$15 \$15 \$65 \$85 \$95 \$110 \$45 \$57 \$68 20% off retail price
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider.	 Complete Pair Eyeglass materials purchased separately 	40% off retail price 20% off retail price
Eyewear Accessories	Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	 Standard contact lens fitting³ Premium contact lens fitting⁴ 	Up to \$55 10% off retail price
Conventional Contact Lenses	Discount applies to materials only	15% off retail price

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

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









GLASSES contacts direct glasses.com

contactsdirect.com

1800contacts.com

lenscrafters com





ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM *

Online stores:

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at anthem.com, select discounts, then Vision, Hearing & Dental.

² Please ask your provider for his/her recommendation as well as the available coating brands by tier.

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

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

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Blue View VisionSM Pediatric Plan Benefits for Groups of 2-50 Included with New Hampshire Health Plans



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YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY		
Routine Eye Exam					
A comprehensive eye examination	\$0 copay	No allowance when obtained out-of-network	Once every benefit period		
Eyeglass Frames					
One pair of eyeglass frames	\$0 copay, formulary	No allowance when obtained out-of-network	Once every benefit period		
Eyeglass Lenses (instead of contact lenses)					
One pair of standard plastic prescription lenses: Single vision lenses Bifocal lenses Trifocal lenses Lenticular lenses	\$0 copay \$0 copay \$0 copay \$0 copay	No allowance when obtained out-of-network	Once every benefit period		
Eyeglass Lens Enhancements When obtaining covered eyewear from a Blue View Vision provide	er, you may choose to add an	y of the following lens enhanc	ements at no extra cost.		
 Transitions Lenses Standard polycarbonate Factory scratch coating 	\$0 copay \$0 copay \$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses		
Contact Lenses (instead of eyeglass lenses) Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.					
Elective conventional (non-disposable) OR Elective disposable OR	\$0 copay, formulary \$0 copay, formulary	No allowance when obtained out-of-network	Once every benefit period		
 Non-elective (medically necessary) 	\$0 copay				

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Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider.	 Complete Pair Eyeglass materials purchased separately 	40% off retail price 20% off retail price
Eyewear Accessories	Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail price
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	 Standard contact lens fitting³ Premium contact lens fitting⁴ 	Up to \$55 10% off retail price
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GLASSES contacts direct



glasses.com

contactsdirect com

1800contacts.com

lenscrafters com



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Online stores:

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Employee Assistance Program Service Summary Small Group - New Hampshire (ACA)



Available 24/7, 365 days a year Everything you share is confidential*

Life can be full of challenges. Your Anthem Employee Assistance Program (EAP) is here to help you. EAP offers a wide range of no-cost support services and resources, including:



Counseling

- Up to 3 visits per issue
- In-person or online visits
- Call EAP or use the online Member Center to initiate services



Legal consultation

- 30-minute phone or in-person meeting
- Discounted fees to retain a lawyer
- Free legal resources, forms, and seminars online



Financial consultation

- Phone meeting with financial professionals
- Regular business hours; no appointment required
- Free financial resources and budgeting tools online



ID recovery

- Help reporting to consumer credit agencies
- Assistance with paperwork and creditor negotiations



Dependent care and daily living resources

- Online information about child care, adoption, elder care, and assisted living
- Help with pet sitting, moving, and other common needs



Other anthemEAP.com resources

- Well-being articles, podcasts, and monthly webinars
- Self-assessment tools for emotional health issues



Crisis consultation

- Toll-free emergency number; 24/7 support
- Online critical event support during crises

We are ready to support you

You can call us at **800-999-7222**, use our Sydney Health app, or go to **anthemEAP.com** and enter your company code: My EAP New Hampshire

When something unexpected happens, EAP can help you figure out your next steps. Contact us today.

Language Access Services - (TTY/TDD: 711)

Spanish – Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. Chinese – 您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。

Anthem complies with applicable federal civil rights laws and does not discriminate on the basis of race, color, national origin, age, disability, or sex.

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, Inc. In and errain affiliates only provide administratives services for self-funded plans and do not underwritten by HMO Colorado, Inc. But Morouties underwritten by HMO Colorado, Inc., dba HMO Nesouri, Inc. RIT and certain affiliates only privide administrative services for self-funded plans and do not underwrite benefits underwrite benefits underwriten by HMO Colorado, Inc., dba HMO Nesouri, Inc. But Morouties underwriten by HMO Colorado, Inc., dba HMO Nesouri, Inc. But Divide administrative services for self-funded plans and do not underwrite benefits underwriten by HMO Colorado, Inc., dba HMO Nesouri, Inc., dba HMO Nesouri, Inc. But Divide administrative services of the Philorage 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 Virginia, 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 PDS policies (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers

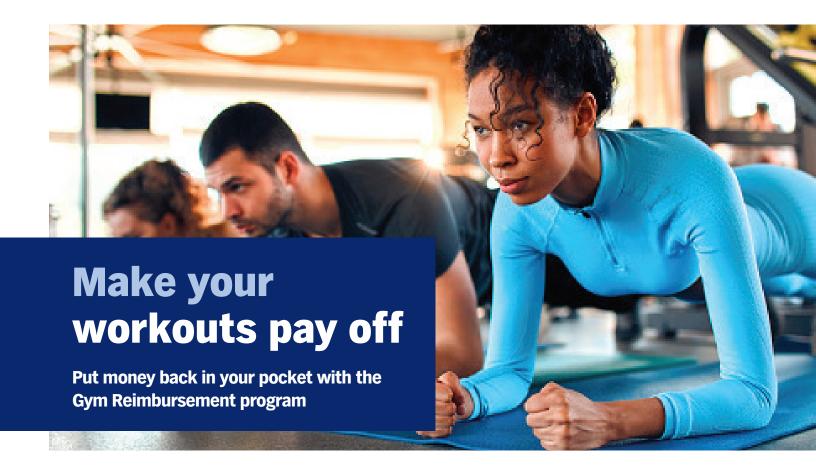
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^{*} In accordance with federal and state law, and professional ethical standards.

This document is for general informational purposes. Check with your employer for specific information on the services available to you.







Exercising regularly is one of the best things you can do for your health. Now, it's good for your wallet, too. When you join Anthem's Gym Reimbursement program, we'll repay up to \$400 of your fitness membership dues.

Step 1: Choose how you work out



Traditional fitness center1



Virtual or livestream fitness classes or subscriptions1



A fitness center through the Active&Fit ExerciseRewards™, which includes thousands of locations nationwide

See Frequently Asked Questions (FAQ) for more details about what kinds of locations qualify.

To enroll in the Active&Fit ExerciseRewards program or learn more about it, log in at anthem.com. Then, go to My Health Dashboard > Programs > Gym Reimbursement.

Step 2: Track your workouts

You must log at least 50 workouts during each six-month period in your benefit plan year to qualify for reimbursement.²

How to track workouts:

Traditional fitness centers

Get a copy of their records of your visits. You can also fill out the fitness log on the *Visit Submission* form and have a fitness center employee sign it.

Virtual classes

You can send screen captures showing your attendance, a workout log from the virtual class, or a combination of the two.

Fitness centers through the Active&Fit ExerciseRewards program If you are enrolled in a participating Active&Fit fitness center, you don't need to track your workouts. The fitness center tracks and submits your visits for you.

Step 3: Submit your receipts

Traditional fitness centers and virtual classes:

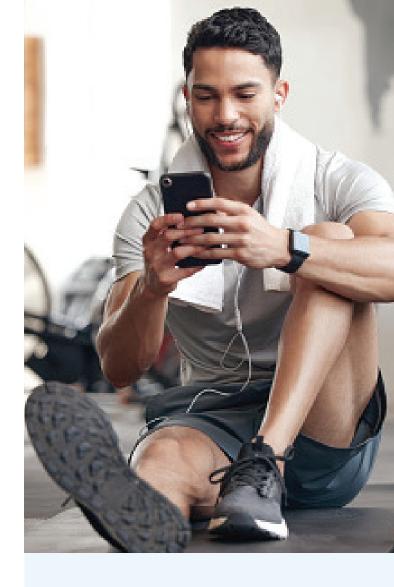
- Download and fill out the Visit Submission form.
- Include a copy of a receipt or credit card statement that shows payment for the months you're asking for reimbursement.
- Send the form and your workout records to the mailing address or email listed on the Visit Submission form.

Fitness centers through the Active&Fit ExerciseRewards program:

If you are enrolled in a participating Active&Fit fitness center, you
don't need to submit receipts. The fitness center will handle this
for you.

Step 4: Get paid back

Once we receive your completed forms, it can take up to 30 days to process your payment. If you're enrolled in an Active&Fit fitness center, your reimbursements will be processed automatically.



Start tracking your visits

To download the *Visit Submission* form, log in at **anthem.com**. Go to *My Health Dashboard* and select **Programs**. Then go to the *Gym Reimbursement* section and select **Reimbursement Forms**.

Choose your favorite workouts, including:1

- Barre
- Boxing
- Cardio
- Dance, Zumba®
- High-intensity interval training (HIIT)
- Indoor cycling, Peloton®
- Kickboxing
- Pilates
- Strength training
- Swimming
- Yoga



Frequently asked questions

Who is eligible?

This program is open to you as long as you are covered by an Anthem health plan.

If you become eligible after your group's benefit plan year starts, you can still take part in the program. The workout requirements and reimbursement will be based on the number of months you are eligible.

How much will Anthem pay me back?

Reimbursements are based on the fees you pay, up to \$400 a year for yourself.

How many times do I need to work out?

To be reimbursed, you must log at least 50 workouts at a qualifying fitness center or virtual classes in each six-month period within the plan benefit year.¹

Can I count more than one workout per day?

No, you can only count one workout session per calendar date, and the workouts must be at least eight hours apart.

What is the Active&Fit ExerciseRewards program?

The Active&Fit ExerciseRewards program offers a network of thousands of participating fitness centers nationwide. As a member of the program, you'll enjoy substantially discounted fitness center membership rates, and you can cancel or change anytime. For more information, log in at **anthem.com**. Then, go to My Health Dashboard > Programs > Gym Reimbursement.

What if I change health plans or lose my Anthem coverage?

You must have Anthem health coverage through your current employer the entire time you take part in the program.

Which types of fitness-related expenses qualify?

Memberships at qualified gyms, health clubs, and fitness centers, as well as qualified online and app-based fitness programs, are eligible.¹

What are qualified fitness centers and online programs?

Qualifying facilities and programs include fitness centers, gyms, and studios that:

- Offer monthly memberships or collect dues.
- · Are open to the public.
- Have staff oversight, meaning employees that oversee operations and attend to members during operational hours. Class instructors don't count.
- Hold regularly scheduled cardio, flexibility, and/or weighttraining programs.
- Offer virtual on-demand or livestream workout classes.1

Which types of fitness-related expenses don't qualify?

- · Rehabilitation, physical therapy, and massages
- Memberships for country clubs, tennis clubs, social clubs, and sports teams or leagues
- Personal training or coaching lessons
- Services at weight loss clinics, spas, or similar facilities
- Exercise sessions before you became eligible for the program
- Exercise sessions at fitness centers where a membership or class agreement isn't offered or there's no staff oversight
- Fees or dues, such as homeowner's association fees or gym access that's included in your rent, or for fitness activities in clubs or centers that don't qualify

Does the program pay for equipment or gear?

No, items such as exercise or sports equipment, clothing, shoes, and vitamins are not eligible for reimbursement, even if they are sold by the gym you attend.

When will I be reimbursed?

You must submit your reimbursement forms within 90 days of the end of your benefit plan year. Once we receive your completed forms, it takes up to 30 days to process payment.

Reimbursement requests received more than 90 days after the end of your benefit plan year don't qualify. You also can't request reimbursement for future expenses.

What if I take a medical leave of absence?

Submit a doctor's note to Anthem and the time period covering your medical leave of absence will be excluded from your eligibility period. Your workout requirements and reimbursement will be based on the number of months you were able to participate.

How do I renew my participation in the program?

As long as you keep your Anthem plan and your employer stays enrolled in the program, you can participate.

Simply continue to complete and submit the forms.



Do you have questions?

Log in at **anthem.com** to live chat with us, or call Member Services at the number on your ID card.

For questions about the Active&Fit ExerciseRewards program, contact their support team at **fitnessservice@ashn.com** or **877-771-2746**.

We'll distribute your reimbursements in the order you submit your receipts, until you reach the maximum amount

The Active&Fit ExerciseRewards program is not a covered service under your group's health plan. It is an addition. The program's features are not guaranteed under your health plan Certificate and could be discontinued at any time.

This program may not be safe for everyone. Talk to your doctor or care provider before you start, especially if you are pregnant or have an injury or health condition. Contact us at 877-809-2746, Monday through Friday, 5 a.m. to 6 p.m. PT, and we'll explain how you can work with your doctor to find an alternative that makes sense for you and your health status.

The reimbursement may be considered income and subject to state and federal taxes in the tax year it's paid. Wye recommend that you consult with a tax advisor if you have questions about your tax obligations

This is a summary only. It's subject to the terms, conditions, limitations, and exclusions set forth in additional riders or contracts your group may have bought. Check your benefit contract or Certificate for full details

1 To be eligible for reimbursement, you must use a qualifying fitness club or center open to the public, or attend online/virtual workout classes that serve the primary purpose of improving or maintaining physical health and require a membership fee that is billed monthly, annually, or semiannually.

2 The benefit plan year is determined by your group's effective and renewal dates. Your benefit plan year is based on 12 months; therefore, this reimbursement program is based on two specific six-month periods within your benefit plan year.

All rights reserved. The Active&Fit ExerciseRewards program is provided by American Specialty Health Fitness, Inc. (ASH Fitness), a subsidiary of American Specialty Health Incorporated (ASH). Active&Fit ExerciseRewards, and the Active&Fit Enterprise™ logo are are trademarks of ASH and used with permission herein. Members aren't required to participate at an ASH Fitness-contracted fitness center to be eligible for the programs. Not all services may be available in all areas and the program may be changed (including monthly and enrollment fees and/or the introductory period) or discontinued at any time. These are health improvement and education programs, not insurance. ASH Fitness is a separate company that administers the Active&Fit Exercise Rewards program on behalf of Anthem Blue Cross and Blue Shield.

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 Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Health Plans of Georgia, Inc. and Community Care Health Plan of Georgia, Inc. In Kentucky; Anthem Health Plans of Kentucky, Inc. In Missouri, inc. RIT and certain affiliates administer non-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 Newdai: 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 products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO products underwriten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO products underwriten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of Virginia, Inc. In Hampshire: Anthem Health Plans of Virginia, Inc. In Hampshire: I



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.

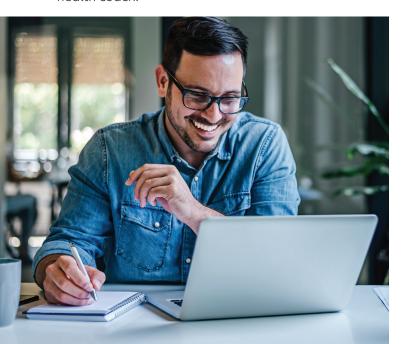
Activity Type	Activities	Amount
	Have an annual preventive wellness exam or well woman exam with your doctor within the first 90 days of your plan year	\$25
	Get an annual cholesterol test ¹	\$20
Preventive care	Have a colorectal cancer screening (ages 45 and older)	\$25
	Have a routine mammogram (women ages 40 to 74)	\$25
	Have an annual eye exam²	\$25
	Get an annual flu shot	\$20



Activity Type	Activities	Amount
æ.	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)
Condition	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)
management programs	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
	Log in to your Anthem account	\$5
	Connect a fitness or lifestyle device	\$5
	Complete a health assessment and receive tailored health recommendations	\$20
Digital & wellness	Complete action plans around eating healthy, weight management, and physical activity	Up to \$25 (\$5 per action plan)
activities	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.

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

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 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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Because mental health is part of your overall well-being

It's important to get the right support for behavioral health issues.



Youth suicide rates

Suicide is the 2nd leading cause of death for children between 10 and 14 years of age in the U.S., and 12th overall.1



Complex needs

17M U.S. adults experience both mental illness and a substance use disorder.2



Primary care impact

An estimated 70% of primary care visits are driven by mental health.3

We are here to help

If you or a loved one needs help with a mental health or substance use issue, you're not alone. Through your Anthem benefits, you can quickly find expert, compassionate, and confidential care — often at low or no extra cost. You have access to a wide range of programs and services online, on the phone, in person, or through video — whatever is most convenient for you.

Virtual visits

You can schedule virtual visits with psychologists and therapists using our app within 7 days — half the time needed for scheduling in-person appointments.4

90% of members were able to find all the behavioral healthcare they needed in the last 12 months.5

Enhancing behavioral health support in New Hampshire



Reduced copays

Providing lower copays for virtual and in-person care.



Expanded networks

Using larger networks with more than 100 care providers added through Carelon Behavioral Health and expansion of LiveHealth Online virtual care providers.6



Providing support

Offering innovative whole-health programs and services that provide support to children, teens, and adults — with virtual or in-person options.

Our caring team will help you find the right support

If you have questions about your benefits or need help finding a behavioral health professional or program, chat with <u>us live on the **Sydney**SM Health app</u> or <u>anthem.com</u>, or call Member Services at the number on your health plan ID card.

Program	Conditions addressed	How can it help	How to access
Aspire365	General behavioral health, anxiety, depression, trauma, and substance use	Aspire365 brings personalized mental health and substance use treatment to people ages 12+ to their homes over a 12-month period. The program works around your schedule, providing 24/7 clinical support, telehealth and in-person visits, and access to community group sessions.	Virtual and in home Visit Find Care at anthem.com. Learn more at aspire-365.com.
Autism Spectrum Disorder (ASD) Family Outreach	Autism	If your child has ASD, your family may need support services. This program focuses on the entire family, guiding you through treatment and keeping your child's care providers connected.	In person or via telephone To enroll, call an Anthem behavioral health care manager at the number on the back of your ID card.
Aware Recovery Care	Substance use disorder — opioid and alcohol	This program provides long-term substance use treatment, including withdrawal management, medication-assisted treatment, and Aware Recovery Care in the privacy and security of your home.	Virtual Visit Find Care at anthem.com. Learn more at awarerecoverycare.com.
Behavioral health case management	General behavioral health, depression, anxiety, and bipolar disorder	Behavioral health case managers can help coordinate consults or referrals for conditions such as depression, anxiety, or bipolar disorder.	In person Call the number on the back of your ID card.
Bright Heart Health	General behavioral health, chronic pain, eating disorders, and substance use disorder — opioid and alcohol	On-demand, virtual treatment for those over 18 from a multidisciplinary team of experts. Bright Heart Health addresses mental health, chronic pain, eating disorders, and substance use disorder, including medication-assisted treatment.	Virtual Learn more at brighthearthealth.com.
Carelon Behavioral Health	General behavioral health, anxiety, depression, and trauma	You can meet in person or virtually with an in-network therapist, psychologist, or a psychiatrist for help with behavioral health matters and medicine for issues like anxiety, bipolar disorder, and post-traumatic stress disorder. ⁴⁷	In person or virtual Download the Sydney Health app or access Carelon at anthem.com.
Child/adolescent/ family/guardian outreach	General behavioral health	If you have a child receiving behavioral health services in a hospital setting, an Anthem care manager will contact you within 48 hours of your child's admission. They will help you understand the recovery process, discuss a treatment plan for when your child comes home, and answer questions.	Via telephone Automatic contact after admission.
Eating disorder treatment	Eating disorders	If you or a dependent are admitted to an intensive care setting for eating disorder treatment, an Anthem care manager will reach out to make sure you are receiving the support you need.	Virtual Automatic contact after admission.
Emotional Well-being Resources	Stress, depression, anxiety, substance use, and sleep issues	A digital program for help managing anxiety, depression, stress, insomnia, or substance use. This program offers a comprehensive self-assessment, personalized care modules, and optional opportunities to engage with master's-level clinical coaches via text, email, and phone. Post-program surveys, mindfulness moments, and webinars support ongoing care.	Virtual Visit <u>anthem.com</u> or the <u>Sydney Health</u> <u>app</u> and select <u>Programs</u> to learn more about Emotional Well-being Resources.
InStride Health	General behavioral health, anxiety, and obsessive-compulsive disorder (OCD)	Integrates clinical expertise, coaching, and support into daily life to engage kids and teens every step of the way. The virtual nature of the approach adds flexibility in supporting the needs of busy families, and has been proven to be just as helpful as in-person treatment for those with anxiety and OCD.	Virtual For InStride Health, visit Find Care at anthem.com. Learn more at instride.health.
Virtual care	General behavioral health and primary care	LiveHealth Online virtual visits are live, on-demand video doctor visits available 24/7, 365 days a year, with an average wait time of 10 minutes. 47 With secure and private sessions, you can choose from doctors in your plan's network.	Virtual Use the Sydney Health app or anthem.com.

1 National Institute of Mental Health: Suicide (May 2023): nimh.nih.gov.

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem $Health \, Plans \, of \, New \, Hampshire, \, Inc. \, and \, underwritten \, by \, Matthew \, Thornton \, Health \, Plan, \, Inc. \, Independent \, licensees \, of \, the \, Blue \, Cross \, and \, Inc. \, Independent \, licensees \, of \, the \, Blue \, Cross \, and \, Inc. \, Independent \, licensees \, of \, the \, Blue \, Cross \, and \, Inc. \, Independent \, Ind. \, Independent \, Ind. \, I$ Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

² Substance Abuse and Mental Health Services Administration: National Survey on Drug Use and Health (accessed August 2023): samhsa.gov. 3 American Psychological Association: *Briefing Series on the Role of Psychology in Health Care* (accessed October 2023):

https://www.apa.org/health/briefs/primary-care.pdf.

 $^{4 \, \}text{Appointments subject to availability.} \, \text{Online counseling is not appropriate for all kinds of problems.} \, \text{If you are in crisis or have suicidal thoughts, it's}$ important that you seek help immediately. Please text, chat, or call 988 (Suicide and Crisis Lifeline), or 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

⁵ Internal data: Behavioral Health Case Management Member Satisfaction Survey, Q1–Q3 2022.

⁶ Internal data: Carelon Behavioral Health, 2022

⁷ Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed $using\ Live Health\ Online.\ Psychiatrists\ on\ Live Health\ Online\ will\ not\ offer\ counseling\ or\ talk\ the rapy.$

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield. Sydney Health is offered through an arrangement with CareMarket, Inc., a separate company offering mobile application services on behalf of your health plan.



Savings every step of the way

Your health plan lets you save money and earn cash rewards — up to \$1,000

With an Anthem Blue Cross and Blue Shield plan, you can count on high-quality care that offers more ways to save. Our plans include programs that help lower your costs and let you earn cash rewards when you choose cost-saving locations for your care.



Three programs, three ways to save

Each of these programs help you keep your costs in check when you receive services or have a procedure performed at select facilities in your plan.

Site of Service SmartShopper Preferred PCP

Site of Service

Trusted care at a lower cost

Our Site of Service locations maintain a high standard of care while also charging less. When you visit one, you could save hundreds, sometimes thousands, of dollars in out-of-pocket costs. Use the <u>Sydney Mealth app</u> or go to <u>anthem.com</u> to search for a Site of Service location and save on:



Outpatient surgery.



Lab tests.



Radiology, including X-rays and ultrasounds.



Physical, occupational, and speech therapy.



Advanced diagnostic imaging, such as magnetic resonance imaging (MRI) and computed tomography (CT).

Find a location near you →



SmartShopper

Earn cash rewards when you select a lower-cost facility

Knowing what you'll pay in advance makes it easier to trust the care you receive. With SmartShopper*, you can view and compare costs in your area. When you choose to have a procedure at certain lower-cost facilities, you're eligible for cash rewards.



Here's how much you can earn1 Knee surgery Colonoscopy Outpatient labs Register to start earning → Ultrasound Mammogram

Preferred PCP

Select a preferred primary care doctor for a \$0 copay

Making sure you have a trustworthy primary care physician (PCP) is important. Your PCP is at the center of your care and helps you make the best decisions about your health. In New Hampshire, our Preferred PCPs are highly rated and are part of our Enhanced Personal Health Care program that rewards doctors for the quality of care they provide over quantity.2

These doctors get to know your unique health needs, resulting in:

- Fewer unnecessary medical services.
- Better chronic disease management.
- \$0 office visits and lower overall costs.

To find a Preferred PCP, use the **Sydney Health app** or visit anthem.com and use the Find Care tool. When you choose a care provider, select Recognitions to make sure they're a preferred provider.

New Hampshire health groups include:









² Preferred PCP is available on many Small Group and Large Group plans (excluding Blue Connection exclusive provider organization network plans). There is a \$0 copay after the deductible on health savings account plans that include Preferred Primary Care (PPC). Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.

Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc

Reward your employees for making cost-effective choices.

Register with Smartshopper to earn \$10.



To receive a \$10 cash reward, simply register with SmartShopper beginning January 1, 2025. Register online at SmartShopper.com or by calling the Care Concierge team at 866-488-5441, Monday through Thursday 8:00 am to 8:00 pm, or Friday 8:00 am to 6:00 pm.

Don't wait to join the millions who are saving and earning rewards shopping for healthcare with SmartShopper.

Medical costs can vary by care provider

Care provider A: Care provider B: Colonoscopy

\$1,182

Care provider B: Colonoscopy

\$2,932

Care provider C: Colonoscopy \$4.749

How does SmartShopper work?

- 1 The doctor recommends a medical test or procedure.
- **2** Your employee compares care provider prices and available rewards at smartshopper.com or by calling a Care Concierge Team Member at 866-488-5441
- **3** Once employees register with SmartShopper, they can also use the SydneySM Health app to search for low-cost care providers, with no need for a phone call or additional login.
 - Employees can register with Smartshopper by going directly to the website, by calling the Care Concierge Team or by using the Sydney Health app and selecting SmartShopper link in the Program tab.
 - Members must call or visit SmartShopper.com to shop before receiving each incentive-eligible service to earn a reward.
- **4** Your employee has a procedure at a reward-eligible location.
- **5** SmartShopper sends the employee a reward in the mail after the claim is paid.

Sample procedures and rewards²

Procedure	Cash reward
Carpal tunnel	^{\$} 150
Mammogram	\$ 50
Colonoscopy	\$ 150
Outpatient lab	^{\$} 25
Hernia repair	\$ 500
Ultrasound	\$ 500
Knee surgery	^{\$} 750

Employees can learn more at smartshopper.com.

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

Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New Hampshire, Inc. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

¹ SmartShopper is not available for all plan types in all areas. Please contact your Anthem representative to see if you're eligible for this program. No purchase necessary to earn cash rewards, one registration campaign reward per househol

² Examples shown are for illustrative purposes only. Actual incentives will vary by specific procedure, provider, and location. The Smart Shopper program is offered by MDX Medical, LLC, a Zelis company. Reward-eligible options and reward amounts are subject to change. Rewards are available for select procedures only. Rewards may be a taxable form of income. MDX Medical, LLC, a Zelis company, does not provide tax advice. Rewards may be delivered by check or an alternative form of payment. Members with primary coverage under Medicaid or Medicaire are not adjusted to the provide tax advice. Rewards may be a favored to approximate the provide tax advice. Rewards may be delivered by check or an alternative form of payment. Members with primary coverage under Medicaid or Medicaire are not adjusted to a provide tax advice. The provider of the provider that the provider of the provider of

ConditionCare

The support you need to feel your best



I liked getting calls from the ConditionCare nurses. They checked on me to find out if I was on the right track. I appreciated talking with everyone, and they were very professional.

- ConditionCare participant

Take control of your health today

A little help can make a big difference when you or a family member has:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Coronary artery disease (CAD)
- Type 1 or 2 diabetes (pediatric or adult)
- Heart failure

That's where ConditionCare comes in. This no-cost health and wellness program provides:

- Access to nurses who can answer health questions.
- Support from care managers, nurses, dietitians, and other healthcare professionals to help you reach your health goals.
- Educational guides, and tools to help you learn more about your condition(s).

To find out more about the ConditionCare program, call us at **866-962-0962**.



We're here for you

Sign up for ConditionCare in just a few minutes. Call us at **866-962-0962** to learn how this no-cost program can help you take care of your health.



Anthem.

Home-delivery pharmacy offers savings, convenience, and peace of mind



If you're looking for one less errand to run, you can have prescription medications delivered to your home instead of picking them up at the pharmacy. You can easily set up home delivery for the prescriptions you take regularly for conditions such as diabetes or asthma. You'll receive a 90-day supply with no-cost standard shipping, and it may even help you save money.

With home delivery, you receive:



Savings

Many medicines cost less when you receive a 90-day supply instead of three 30-day supplies.



Convenience

You can receive your medication without a trip to the pharmacy. First-time home-delivery orders take about two weeks, and refills take three to five days. You can also set up automatic refills.



Peace of mind

You'll be less likely to miss a dose and more likely to stay on track with the treatment your doctor prescribed.*

How to switch to home delivery

- Log in to **anthem.com** or the SydneySM Health app and visit the *Pharmacy* page to get started. You can also refill your prescriptions, find a pharmacy, see what's covered, and price medications before you receive them.
- 2 Call the Pharmacy Member Services number on your health plan ID card.

We are here to help

If you have questions, call us at the Pharmacy Member Services number on your health plan ID card.

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

^{*}Schwab P, Racsa P, Rascati K, Mourer M, Meah Y, Worley K: A Retrospective Database Study Comparing Diabetes-Related Medication Adherence and Health Outcomes for Mail-Order Versus Community Pharmacy. Journal of Managed Care & Specialty Pharmacy (accessed August 2022): pubmed.ncbi.nlm.nih.gov/30816817/.

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



Save money and time with Rx Choice pharmacy network

Your Anthem health plan gives you choices about how and where to fill your prescriptions. With the Rx Choice pharmacy network, you can choose a pharmacy with lower prescription costs or a greater number of locations. You can also have prescriptions delivered right to your door. Choose CarelonRx Mail home delivery, if available, to save time and money when filling medicines you take daily. It even comes with automatic refills.

The Rx Choice network offers two levels of coverage:

Level 1

These are preferred pharmacies, where your copay or share of the prescription cost is lower. There are more than 20,000* Level 1 pharmacies nationwide, including these well-known chains:

- CVS
- Walmart
- Kroger
- Giant Eagle
- Albertsons/Safeway
- Hannaford/Ahold

Level 2

You'll pay more out of pocket when you fill your prescription at one of these 47,000* pharmacies, including these well-known chains:

- Walgreens
- Rite Aid
- Sam's Club
- Costco
- Meijer

Note: CarelonRx Mail home delivery is also available as a preferred pharmacy option.

How to find a pharmacy in the Rx Choice pharmacy network

- Log on to anthem.com or the SydneysM Health mobile app, and choose Order and Manage Prescriptions.
- On the *Pharmacy* page, choose **Find a Pharmacy**.
- Enter your ZIP code and how far you want to search to find pharmacies near you.

Choose CarelonRx Mail home delivery

You may be eligible to request a new home-delivery prescription on anthem.com or the Sydney Health mobile app.

We're here to help

If you have questions about the network or your pharmacy benefits, call the Pharmacy Member Services number on your plan ID card.

* IngenioRx data, 2022.

Services provided by CarelonRx, Inc.

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



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With Cost Relief, members receive savings on select specialty medicines.

With an Anthem plan, members get access to a \$0 cost share for select specialty medicines and a high-touch enrollment experience through the Cost Relief program.

A Cost Relief representative reaches out to the member to educate and assist with enrollment. This program provides ongoing support to members. When your employees enroll, they'll save money on healthcare costs.

Let's look at how your employees can get to a \$0 copay:

Susan has a prescription for a specialty medication. The cost of the medication is \$1,500.1



A Cost Relief representative reaches out to her about the program by mail, phone, and email.



Susan is enrolled in the program.



She receives support to manage enrollment and renewals for copay programs.



Susan pays \$0 for her specialty medication.2

What does this mean for your employee?

\$0 copay for qualifying specialty medications and support for copay assistance enrollment and renewals.

What happens if your employee decides not to enroll in the **Cost Relief program?**

If your employee decides to opt out of the program, they will be responsible for the coinsurance/copay for their prescription, which is based on their benefit plan. They can decide to enroll in the program at any time in the future by speaking with a specialty representative.

Learn more, so your employees can save more

To learn more about Cost Relief, contact your plan representative. We're here to help.

2 Members who have a high-deductible health plan with a health savings account are required to meet their deductible before they can receive a \$0 copay

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¹ Not a real member. For illustrative purposes only

Employee Enrollment Application For Small Groups New Hampshire



Consult the Booklet or Certificate of Coverage for complete coverage terms and conditions. For more information about Anthem Blue Cross and Blue Shield (Anthem), its products and services, visit anthem.com. Please complete electronically or in black ink only and use extra paper if necessary. The employee who completes this application is solely responsible for its accuracy and completeness. Be sure to answer all questions and to sign and date your application.

Section A: Application Type					
Select one: ☐ New Enrollment ☐ Open enrollment ☐ State	Continuation 🗆 COBR	RA 🗌 Rehire da	ate: (MM/DD/YYYY)/	_
Select qualifying event					
☐ Covered employee's Medicare entitlement ☐ Loss of dependent child status ☐		nployment \Box I tion in hours	Loss of coverage		
Effective date of qualifying event: (MM/DD/YYYY)					
COBRA qualifying event date://				BRA end date:	<i></i>
Section B: Employee Information					
Last name	First name			M.I.	
Sex ☐ Male ☐ Female	Birthdate MM/DD/YYY	Υ		Social Security no	o.1 (required)
Home address — Street or P.O. Box if applicable	City			State	ZIP code
County	Primary phone no. ²		Marital Status ☐ Single ☐ Ma	rried Domestic	Partner
Employer name				Group no. (if kno	wn)
Employer street address		City		State	ZIP code
County	Occupation		Employment Statu	ıs: ☐ Full-time ☐ Disabled	☐ Part-time ☐ Retired
Date of hire (MM/DD/YYYY) Date of full-time en	nployment (MM/DD/YYY	Y) Date wait	ting period begins ((MM/DD/YYYY)	No. of hours worked per week
Language choice (optional): English Spanish	n ☐ Chinese ☐ Korean				
Employee email address:					
Section C: Type of Coverage					
•	1. Medical Coverage — Indicate the contract code for the medical plan selected. Your employer will advise you of your plan options and contract codes.				
Medical product plan name:	Medical product plan name: Contract code, if known:				
Member medical coverage — select one: ☐ Employee only ☐ Employee + Spouse/Domestic Partner ☐ Employee + Child(ren) ☐ Family					
1 Anthem is required by the Internal Revenue Service					

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2. Dental Coverage — Indicate the contract code for the dental plan selected. Your employer will advise you of your plan options and contract codes. Note that our Small Group Off Exchange medical plans provide pediatric dental coverage to meet ACA requirements.				
Standalone dental plans do not include Essential Health Benefits.				
Dental product plan name:	Contract code, if known:			
	pouse/Domestic Partner 🗆 Employee + Child(ren) 🗀 Family			
$\textbf{3. Vision Coverage} \ -\!$	Your employer will advise you of your plan options and contract codes.			
Vision product plan name: Contract code, if known:				
Member vision coverage — select one: ☐ Employee only ☐ Employee + Spouse/Domestic Partner ☐ Employee + Child(ren) ☐ Family				

Employee name: ______ Social Security no.: ____-__

Employee name: Social Security no.:							
Section D: Family Info All fields required. Atta		t if neces	sary. Complete t	this section for yours	self and your dep	endents.	
Spouse or Domestic Part unless they qualify as a d	ner, your children or yo isabled person). List al nber. For current listing	our Spouse I depender	e's, Domestic Partno nts beginning with t	er's children (to the end the eldest. For HMO Plan	of the calendar mo is: You must fill in I	igible dependent may be your nth in which they turn age 26 Primary Care Physician (PCP) sure to review your PCP's tier	
Employee Last name			First name		M.I.	Disabled ☐ Yes ☐ No	
Primary Care Physician (F	PCP) name	PCP ID n	0.	PCP Location		Existing patient Yes No	
Spouse/Domestic Partne	r Last name	First nam	е		M.I.	Social Security no.1 (required)	
Sex □ Male □ Female □ Birt			late (MM/DD/YYYY) Relationship to applicant / / Ex/Legal Spouse Do			c Partner	
PCP name Po		PCP ID no. PCP Location		PCP Location		Existing patient ☐ Yes ☐ No	
Dependent Child Last name First		First nam	е		M.I.	Social Security no.1 (required)	
	Disabled ☐ Yes ☐ No		(MM/DD/YYYY) /	Relationship to applica		nship?	
PCP name		PCP ID n	0.	PCP Location		Existing patient ☐ Yes ☐ No	
Does this dependent have If yes, please enter:		Yes 🗆	No				
Dependent Child Last name First na		First nam	е		M.I.	Social Security no.1 (required)	
Sex ☐ Male ☐ Female	Disabled ☐ Yes ☐ No	Birthdate (MM/DD/YYYY) Relationship to applicant / / □ Child □ Other³ If other, what is relationship?			nship?		
PCP name		PCP ID n	0.	PCP Location		Existing patient ☐ Yes ☐ No	
Does this dependent have If yes, please enter:							

¹ Anthem is required by the Internal Revenue Service to collect this information.

3 Eligibility subject to Booklet or Certificate of Coverage.

		Empl	oyee name:			Social S	Security r	10.:	
Section E: Prior and Other	Group Coverage	ge — Attacl	n a separat	e sheet if ne	ecessary.				
Is anyone applying for coverage	currently enrolle	d in Medicare	? □ Yes □	☐ No If yes, g	ive name: _				
Medicare ID no.			Part B effective date (MM/DD/YYYY) / /			Medicare eligibility reason (select all that apply) ☐ Age ☐ Disability ☐ End-stage renal disease: Onset date (MM/DD/YYYY)//			
Medicare Part D ID no.	Medicare Part D Carrier				Part D effective date (MM/DD/YYYY) / /				
Is anyone applying for coverage	covered by other	health insurar	ice? 🗆 Yes	□ No If ye	es, please pr	ovide the following:			
Name of Person covered (Last, First, M.I.)	Type (select one)	Cove (select all t	rage that apply)	Ins	urer name	Policy	ID no.	Dates (if applicable) (MM/DD/YYYY)	
	☐ Individual ☐ Group ☐ Medicare	☐ Health ☐ Dental ☐ Orthodont	ia					Start:// End://	
	☐ Individual ☐ Group ☐ Medicare	☐ Health ☐ Dental ☐ Orthodont	ia					Start:// End://	
	☐ Individual ☐ Group ☐ Medicare	☐ Health ☐ Dental ☐ Orthodont	ia					Start:// End://	
	☐ Individual ☐ Group ☐ Medicare	☐ Health ☐ Dental ☐ Orthodont	iia					Start://_ End://	
	☐ Individual ☐ Group ☐ Medicare	☐ Health ☐ Dental ☐ Orthodont	iia					Start://_ End://	
Section F: Waiver/Declinin	g Coverage					·			
Type of coverage/Declined for						Reason for declining/refusing coverage: Belect all that apply.			
☐ Employee	☐ Medical ☐	Dental 🗆 Vi	sion		□ No coverage				
☐ Spouse/ Domestic Partner	☐ Medical ☐	Dental □ Vi		 □ Covered by Spouse's/Domestic Partner's group coverage □ Spouse/Domestic Partner covered by their employer's group coverage □ Enrolled in individual coverage 					
☐ Dependent(s)	☐ Medical ☐ List name of dep	Dental 🔲 Vi pendents to be		☐ Medicare/Medicaid/VA ☐ Enrolled in other Insurance — Please provide company name and plan:					
					Other —	- please explain:			
Sign here only if you are		rage. DO N	OT SIGN H	IERE IF YOU	J ARE APP	LYING FOR COV	ERAGE	•	
Sign here to decline Applicant signature Applicant name (p					nt)		Today's /	date (MM/DD/YYYY) /	

		Employee name:	Social	Security no.:			
Section G: Te	rms and Conditions — Please re						
Eligible employ	yee:	•	0 0 11				
 An active em 	ployee of the Employer who works the f the effective date. Employment must			y the Employer and approved by			
for eligibility	e, as defined above, who enters into em (if any) and applies for coverage within	i 31 days.	·				
•	ass of persons identified by the Employ		their eligibility is obtained from	om the Company(ies); or			
	ligible for continuous coverage under s						
Group Policyho	ee does not include independent contra Ider if they don't work the required nur dent (see Booklet or Certificate of Cove	nber of hours per week described a	oove.	directors and officers of the			
• .	Spouse/Domestic Partner or children a		* '	aild placed with the employee for			
adoption, a s	spouse/Dornestic Farther of Children at stepchild or any other child for whom the rage for a child will end on the last day	he employee has legal guardianship	or court ordered custody. The	e age limit for enrolling a child is			
a mental or p limit at the in employee ma	The age limit of 26 does not apply for the initial enrollment or maintaining enrollment of a child who cannot support himself or herself because of a mental or physical impairment that began prior to the child reaching the age limit. Coverage may be obtained for the child who is beyond the age limit at the initial enrollment if the employee provides proof of such mental or physical impairment and dependence at the time of enrollment. (The employee may be asked to provide a physician's certification of the dependent's condition.)						
	eligible for continuous coverage under						
If you declined may be able to plan coverage (within 31 days of marriage, bir	nent Rights for Medical Coverage Onlenrollment for yourself or your dependenroll yourself and your dependent(s) is or if the employer stops contribution to after coverage ends (or after the emploth, adoption or placement for adoption after the marriage, birth, adoption or p	ent(s) (including a Spouse) becaus n this plan if you or your dependent owards your coverage or your depen yer stops contribution toward the o n, you may be able to enroll yourself	e of other health insurance or (s) lose eligibility for the othe dent's other coverage). Howe ther coverage). In addition, if and your dependent(s) provice	group health plan coverage, you in health insurance or group health ver, you must request enrollment you have a dependent as a result ded that you request enrollment			
	r your dependent's Medicaid or Childre	en's Health Insurance Program (CHII	P) coverage is terminated as a	result of loss of eligibility: or			
•	dependent becomes eligible for a subsi	- ,	,	,,,,			
In these cases,	you may be able to enroll yourself and lity determination.	, , ,	,	days of the loss of Medicaid/CHIP			
The following a	pplies if you selected stand alone visio	n or dental in Section C:					
	efit disclosure: The Certificate provid	, ,	•				
Limited ben	efit disclosure: The Certificate provid	es dental benefits only. Review yo	ur Certificate carefully.				
Section H: Au	thorizations — Please read this	section carefully and then sign	below.				
	application I represent that:						
I have read, or have had read to me, the completed application. All statements and answers I have given are true and complete to the best of my knowledge and belief, and I realize any false statement or misrepresentation in the application may result in loss of coverage.							
 I am an eligible employee and I am requesting coverage for myself and all eligible dependents listed on this application Each Social Security number listed on this application is correct. 							
By providing using an auto	a phone number, I agree and consent omated telephone dialing system and/o understand that we can update our co	that Anthem and its affiliates may ca or prerecorded message to help keep	me informed about my bene	fits. I, and my enrolled			
I authorize my employer to deduct any required contributions for this insurance from my wages.							
HSA, including the financial	ne Health Savings Account (HSA) finan ng account number, account balance a custodian may provide Anthem with in at any time. Yes No	nd information regarding account a	ctivity. I understand that my a	uthorization is required before			
incomplete or r penalties may in Contract and th	ny person who, with a purpose to injure misleading information is subject to pro nclude imprisonment, fines or a denial ne Booklet or Certificate Coverage.	osecution and punishment for insur of insurance benefits. I also unders	ance fraud, as provided in N.H tand all benefits are subject to	H. Rev. Stat. Ann. §638:20; conditions stated in the Group			
acting as their a	orization for myself and on behalf of magent and representative. If my Spouse	Domestic Partner signs this application	ition, he/she is giving this aut	covered by Anthem, and I am horization on his/her own behalf.			
	lications will be mailed back to you for						
	Applicant signature (or custodial pared X	nt's or guardian's signature if applica	nt is under 18)	Today's date (MM/DD/YYYY) / /			
	Spouse/Domestic Partner signature			Today's date (MM/DD/YYYY)			

Today's date (MM/DD/YYYY)

Spouse/Domestic Partner signature X

We're here for you – in many languages

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

Spanish

Usted tiene derecho a obtener asistencia en su idioma sin cargo. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación ¿Tiene alguna deficiencia visual? También puede solicitar este documento en otros formatos.

Chinese

您有權免費獲得使用您的語言提供的協助。只需撥打印於您的 ID 卡上的會員服務部電話號碼即可。視力障礙?您也可以索取本文件的其他格式。

Vietnamese

Quý vị có quyền nhận trợ giúp bằng ngôn ngữ của mình, miễn phí. Quý vị chỉ cần gọi đến số điện thoại của Ban Dịch vụ Thành viên trên thẻ ID của quý vị. Quý vị bị khiếm thị? Quý vị cũng có thể yêu cầu các định dạng khác của tài liệu này.

Korean

귀하는 귀하의 언어로 된 도움을 무료로 받을 권리가 있습니다. 귀하의 ID 카드에 있는 가입자 서비스 번호로 전화하십시오. 시각 장애인이신가요? 다른 형식으로 된 이 문서를 요청하실 수 있습니다.

Tagalog

May karapatan kang makakuha ng tulong na nasa iyong wika nang libre. Tawagan lang ang numero ng Member Services na nasa iyong ID card. May kapansanan sa paningin? Maaari ka ring humingi ng iba pang mga format ng dokumentong ito.

Russian

У вас есть право на бесплатное получение помощи на вашем родном языке. Просто позвоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. У вас проблемы со зрением? Вы также можете запросить этот документ в других форматах.

French Creole

Ou gen dwa jwenn èd nan lang ou gratis. Jis rele nimewo Sèvis Manm ki sou Kat ID ou a gratis Gen pwoblèm vizyèl? Ou ka mande tou pou lòt fòma nan dokiman sa a.

Arabic

لك الحق في الحصول على هذه المعلومات والحصول على المساعدة بلغتك مجانًا. فقط اتصل برقم خدمات الأعضاء الموجود على بطاقة هويتك. هل تعاني من ضعف البصر؟ يمكنك أيضًا طلب تنسيقات أخرى لهذه الوثيقة.

French

Vous avez le droit d'obtenir de l'aide dans votre langue gratuitement. Appelez simplement le numéro du Services membres figurant sur votre carte d'identité. Vous êtes une personne malvoyante ? Vous pouvez également demander à accéder à ce document dans d'autres formats.

Persian

شما حق دارید به زبان خود به صورت رایگان کمک بگیرید. فقط با شماره خدمات اعضا مندرج در کارت عضویت خود تماس بگیرید. آیا دچار اختلال بینایی هستید؟ همچنین می توانید فرمتهای دیگر این سند را در خواست کنید.

Armenian

Դուք իրավունք ունեք անվճար օգնություն ստանալու ձեր լեզվով։ Պարզապես զանգահարեք ձեր ID քարտի վրա գտնվող Անդամների սպասարկման համարին։ Տեսողության խանգարում ունեցո՞ղ եք։ Կարող եք նաև խնդրել այս փաստաթղթի այլ ձևաչափեր։

Japanese

あなたにはあなたの言語で無料で支援を受ける権利があります。IDカードに記載されている会員サービス番号にお電話ください」視覚障害をお持ちですか?他の形式でこの文書を要求することもできます。

Italian

Hai il diritto di ricevere assistenza gratuita nella tua lingua. Basta chiamare il numero del Servizio Membri presente sulla tua tessera identificativa. Hai problemi di vista? È possibile richiedere anche altri formati di questo documento.

German

Sie haben das Recht, kostenlose Hilfe in Ihrer Sprache zu erhalten. Rufen Sie einfach die Nummer des Mitgliederservices auf Ihrer ID-Karte an. Sehbehindert? Sie können dieses Dokument auch in anderen Formaten anfordern.

Polish

Masz prawo do bezpłatnej pomocy w swoim języku. Wystarczy zadzwonić pod numer Biura Obsługi Klienta podany na karcie identyfikacyjnej. Masz wadę wzroku? Możesz również poprosić o inne formaty tego dokumentu.

Pennsylvania Dutch

Du hoscht's Recht fer Hilf griege in dei Schprooch fer nix. Duh yuscht die Member Services Number uffrufe uff dei ID Card. Hoscht Druwwel fer sehne? Du kannscht des do Schreiwes in en differnter Weg griege so as du's besser sehne kannscht.

TTY/TTD:711

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. Members can get reasonable modifications as well as free auxiliary aids and services if you have a disability. We don't discriminate, on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English (or have limited proficiency), we offer free language assistance services like interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711) or visit our website. If you think we failed in any areas or to learn more about grievance procedures, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

63658MUMENMUB 10/24 #AG-GEN-001#

Protecting your privacy

How we keep your information safe and secure

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

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

How we help manage your care

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

For additional information about how we help manage your care, go to **anthem.com/memberrights**. To request a printed copy, please contact your benefits administrator or Human Resources representative.

Special enrollment rights

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

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

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

For full details, read your plan document, which has all the details about your plan. You can find it on anthem.com.

We're here for you – in many languages

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

Spanish

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

Chinese

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

Vietnamese

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

Korean

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

Tagalog

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

Russian

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

Armenian

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

Farsi

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

French

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

Arabic

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

Japanese

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

Haitian

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

Italian

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

Polish

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

Punjabi

ਆਪਣੀ ਭਾਸ਼ਾ iਵੱਚ ਮੁਫ਼ਤ iਵੱਚ ਮਦਦ ਹਾਂਸਲ ਕਰਨ ਦਾ ਅਿਧਕਾਰ ਹੈ। ਬਸ ਆਪਣy ਆਈਡੀ ਕਾਰਡ ਤੇ iਦੱਤੇ ਸਰਿਵਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? ਤੁਸ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਹੋਰ ਰੁਪਾਂਤਰ ਮੰਗ ਸਕਦੇ ਹੋ।

TTY/TTD:711

It's important we treat you fairly

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

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



If you have any questions, please contact:

855-330-1103



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

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