

Anthem Major Medical Plans

Health benefits as flexible as your work and life



Benefits-at-a-glance

This summary highlights key features of the benefits available to you.

A quick guide to programs and services

When it comes to your health, we have you covered. These plans provide medical coverage options to fit your needs, so you can have peace of mind. In addition to your Anthem benefits, after you enroll, you will have access to the following resources with our medical plans:

- **24/7 NurseLine:** Do you have a question about a health issue? Are you not feeling well and wondering where to go for care? Our registered nurses can help at 800-700-9184.
- **Special Offers:** Find discounts on products and services to help you stay healthy and feel better. You can save on items such as weight-loss programs, gym memberships, glasses, contact lenses, and vitamins. After you receive your medical ID card, log in to **anthem.com** and select **Discounts**.
- **SydneySM Health app:** This free app includes easy-to-use tools so you can find a doctor close to you, see what your plan covers, and check claims to see if you owe anything. You can also virtually visit a board-certified doctor without the need for an appointment, all from the comfort of your home.
- **How to Enroll:** You can enroll now by visiting the user friendly enrollment website or by calling the Anthem Enrollment Center at **866-922-1899**.

This guide is for informational purposes only. You must enroll in a plan for your benefits to start.



Medical plan options

Here are your plan options, a list of what's covered, and how much you'll pay for care when you need it. Understanding how your plan works helps you avoid surprises. This benefit chart represents in-network and out-of-network benefits.

Plan feature	Major Medical HDHP			
	In-network		Out-of-network	
Description				
Annual Deductible (Embedded)	Individual \$4,000	Family \$8,000	Individual \$8,000	Family \$16,000
Annual Out-of-pocket Maximums (Embedded)	\$6,350	\$12,700	\$12,500	\$25,000
Preventive Services	Covered 100%		30% after deductible	
Doctor & Office Visits	40% after deductible		40% after deductible	
Primary Care			N/A	
Specialist				
LiveHealth Online TeleMed				
LiveHealth Online Behavioral Health				
Urgent Care Visits	40% after deductible			
Outpatient X-Ray and Lab	40% after deductible			
Performed in covered doctor office, urgent care, ER visits				
Performed in freestanding facilities				
Emergency Room Visits	40% after deductible			
Outpatient Complex Imaging	40% after deductible			
CT, PET, MRI				
Outpatient Surgery	40% after deductible			
Facility, surgical, and physician				
Inpatient Care	40% after deductible			
Mental Health and Substance Abuse	40% after deductible			
Durable Medical Equipment	40% after deductible			
Retail and Mail Pharmacy Benefits				
Tier I - Generic	30% after deductible			
Tier II - Preferred brand	30% after deductible			
Tier III - Non-preferred brand	50% after deductible		50% after deductible	
Tier IV - Specialty			Not covered	
	30-day retail supply; 90-day mail supply			



Medical plan options (continued)

Plan feature	Major Medical PPO			
	In-network		Out-of-network	
Description	Individual \$2,500	Family \$5,000	Individual \$5,000	Family \$10,000
Annual Deductible (Embedded)				
Annual Out-of-pocket Maximums (Embedded)	\$5,000	\$10,000	\$10,000	\$20,000
Preventive Services	Covered 100%		30% after deductible	
Doctor & Office Visits			40% after deductible	
Primary Care	\$25 copay			
Specialist	\$40 copay			
LiveHealth Online TeleMed	\$10 copay		N/A	
LiveHealth Online Behavioral Health	\$10 copay (fjkda;fkda:f)		N/A	
Urgent Care Visits	30% after deductible		40% after deductible	
Outpatient X-Ray and Lab	30% after deductible		40% after deductible	
Performed in covered doctor office, urgent care, ER visits				
Performed in freestanding facilities				
Emergency Room Visits	30% after deductible			
Outpatient Complex Imaging	30% after deductible		40% after deductible	
CT, PET, MRI				
Outpatient Surgery	30% after deductible		40% after deductible	
Facility, surgical, and physician				
Inpatient Care	30% after deductible		40% after deductible	
Mental Health and Substance Abuse	Covered at the Benefit Level of Services Billed		40% after deductible	
Durable Medical Equipment	30% after deductible		40% after deductible	
Retail and Mail Pharmacy Benefits			30% after deductible	
Tier I - Generic	\$10 copay (\$30 copay for mail order)			
Tier II - Preferred brand	30% after deductible			
Tier III - Non-preferred brand	50% after deductible		50% after deductible	
Tier IV - Specialty			Not covered	
	30-day retail supply; 90-day mail supply			



Important contact information

Anthem Health Guide
Anthem Enrollment Center

844-441-1461
866-922-1899



¹ Coverage amounts reduce by 35% at age 65; 50% at age 70; member costs reflect reduced benefit amounts.
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。

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