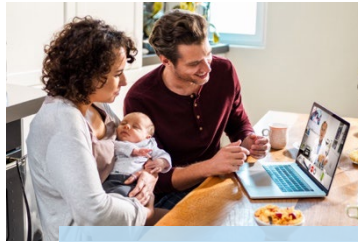




Choosing and using your Anthem plan

Your guide to open enrollment and being confident in your benefit choices





Agenda

- Choosing your plan (*Includes benefit changes for 2024*)
- Health and wellness programs
- Helpful tools and resources



Why Anthem?

80
years

of support and expertise*

118
million

total lives served

1.7
million>

doctors and hospitals¹



Choosing your plan



Before choosing a plan

- **Consider**
- **Compare**
- **Check**

Consider your personal situation.

Compare costs: monthly payment, deductible, coinsurance, copays, out-of-pocket limit.

Check if your doctors, hospitals, and other healthcare professionals are in the plan's network.



Plans at a glance

All plans include:



Access to one of the nation's largest networks of doctors and hospitals.



Benefits for urgent and emergency care, wherever you are.



Convenient digital access to virtual care and plan details online and from your mobile device.



Health and wellness tools that help you stay healthy and reach your health goals.

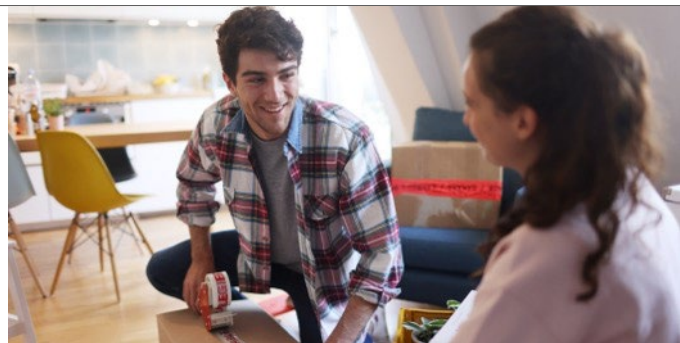


Coverage for preventive care, including regular checkups, screenings, and shots.





Exclusive provider organization (EPO) plan



Key features

- Access** to a large number of doctors.
- No referral needed** to see a specialist.
- Predictable** copays.

Something to think about

- This plan only covers services from doctors who are in the plan's network, unless you need emergency services.
- If you visit a doctor outside the plan's network, you have limited benefits and will pay more for care.



Exclusive provider organization (EPO) plan



2024 Plan Changes

Fertility Benefits: A diagnosis of “infertility” from you provider is no longer required to use the benefit.

Gender Affirmation Benefit: The \$75,000 lifetime maximum has been removed. There is no lifetime maximum.



Preferred provider organization (PPO) plan



Key features

Freedom to go to almost any doctor or hospital.

Not required to have a primary care doctor.

No referral needed to see a specialist.

Something to think about

You'll usually pay less when you use doctors in the plan's network.



Preferred provider organization (PPO) plan



2024 Plan Changes

Fertility Benefits: A diagnosis of “infertility” from you provider is no longer required to use the benefit.

Gender Affirmation Benefit: The \$75,000 lifetime maximum has been removed. There is no lifetime maximum.

Behavioral Health Office Visit: For 2024 a BH office visit will be \$25. Deductible does not need to be met first and no coinsurance.



HDHP Plans

(2 plans to choose from)



Key features

Lower monthly premiums.

Health spending account lets you set aside pretax dollars to pay for qualified healthcare expenses.

Protection from catastrophic medical expenses.

No referral needed to see specialists.

Two HDHP Plans offered

1. High Deductible Plan
2. Core Value Plan

Something to think about

The plan includes an Anthem spending account.

If you visit a doctor outside the plan's network, you may have limited benefits and pay more for care.



HDHP Plans



2024 Plan Changes

Fertility Benefits: A diagnosis of “infertility” from you provider is no longer required to use the benefit.

Gender Affirmation Benefit: The \$75,000 lifetime maximum has been removed. There is no lifetime maximum.



Health savings account (HSA)

- Set aside pretax dollars to pay for qualified healthcare expenses.
- You determine the pretax amount taken out of your paycheck and can change your contribution anytime.
- Your employer also contributes to your account:
 - Single/Individual: \$750; Family: \$1,500
- The total contribution limit is \$3,850 for an individual and \$7,750 for a family. This includes employer contributions.
- If you're 55 or older, you can contribute an extra \$1,000 a year.
- The money in your account can be invested once you have a \$1,000 balance.

Triple tax advantage

Your money goes in tax free.

Your money earns interest tax free.

Your money comes out tax free for eligible healthcare expenses.

You cannot open a H.S.A. account if you are enrolled in the EPO, PPO, or Plus plans



Why an HSA?



Key features

Use your HSA debit card to pay for qualifying healthcare expenses.

Roll over your unused funds from year to year; they never expire.

HSA funds are yours to keep, even if you switch health plans, change jobs, or retire.

Something to think about

Every dollar you put in lowers your taxable income.

If you don't put money in the HSA, you'll pay your deductible and other out-of-pocket costs with after-tax dollars.

You can see any doctor or specialist, but if you see a doctor who is not in your plan's network, you may be asked to pay for services at the time of your visit, and you may have to file a claim.



Where to go for care

Receiving care from healthcare professionals and facilities in your plan's network saves you money.

	EPO Plan	PPO Plan	Plus Plan	HDHP Core Plan	HDHP Plan
Medical plans	Doctors in your plan's network	Doctors in your plan's network	Doctors in your plan's network	Doctors in your plan's network	Doctors in your plan's network
Preventive care	Covered 100%	Covered 100%	Covered 100%	Covered 100%	Covered 100%
Doctor visits	\$25/visit	20% after deductible	\$25/visit	20% after deductible	10% after deductible
Specialist visits	\$35/visit	20% after deductible	\$35/visit	20% after deductible	10% after deductible
Retail health clinics	\$25/visit	20% after deductible	\$25/visit	20% after deductible	10% after deductible
Urgent care clinics	\$25/visit	20% after deductible	\$25/visit	20% after deductible	10% after deductible
Emergency room	\$100/visit PLUS 10% coinsurance	20% after deductible	\$100/visit PLUS deductible and 10% coinsurance	20% after deductible	10% after deductible



Health and wellness programs



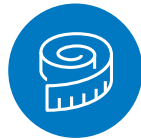
Health and wellness programs



Become more engaged in your health.



Make better healthcare decisions.



Reach your health goals.



Save money on health-related products and services.



After your benefits start, visit [anthem.com](https://www.anthem.com),> or call the Member Services number on your ID card or mobile app to take part in these programs.



24/7 NurseLine

Connect with a registered nurse who can:

- Answer health questions.
- Help you decide where to go for care.
- Find doctors or other healthcare professionals near you.

**Number printed on the back
of your ID card:
800-700-9184**



Autism Spectrum Disorder Program

Community resources, family support, and coordinated care.



Support for your whole family.



Resources for finding and using available care.



Guidance for navigating the healthcare system and using benefits effectively.



Case Management

If you're in the hospital or have a serious health problem, a nurse care manager can:



Help answer your questions.



Coordinate your care with different doctors.



Show you how to use your health benefits.



Educate you about your health issue and treatment options.



Give you tips on saving money and connecting with local resources.



Cancer Concierge Care (C3)

Our focus is on you, so you can focus on your health. C3 offers:

- **Expert guidance.** A virtual second opinion program helps ensure you receive the right care. You'll also have regular check-ins with cancer experts throughout your journey.
- **Premier treatment.** Receive treatment from hospitals specializing in the care you need, including cutting-edge treatments available for your specific condition.
- **Peace of mind.** If you travel for care, we'll take care of booking, confirming, and covering your arrangements.





Behavioral Health Resources

Licensed mental health professionals are available 24/7 to help with:

- Stress
- Anxiety
- Depression
- Substance use
- Eating disorders

Number printed on the back
of your ID card:
844-792-5141





Building Healthy Families



Access to screenings, tools, and trackers for preconception/fertility, pregnancy, and children through age five (and beyond).



Available 24/7 through our SydneySM Health app.



Extensive content library covering topics to support diverse families on their path to parenthood, including single parents and same-sex or multicultural couples.





Virtual primary care

Access to routine care and chronic condition management

Services available through the Sydney Health app

Virtual primary care includes preventive care, wellness checks, lab work referrals, new prescriptions and refills, specialist referrals, and care management for conditions, including:¹

- Asthma
- High blood pressure
- Diabetes
- High cholesterol
- Heartburn or GERD²
- Migraines
- Irritable bowel syndrome
- Musculoskeletal issues

Appointment hours

- 9 a.m. to 9 p.m. ET, Monday through Friday
- 9 a.m. to 5 p.m. ET, Saturday and Sunday



Special Offers

Visit [anthem.com](https://www.anthem.com), choose **Care**, and select **Discounts** to:



Save money on glasses, weight loss programs, gym memberships, and vitamins.



Simplifying your plan with tools and resources

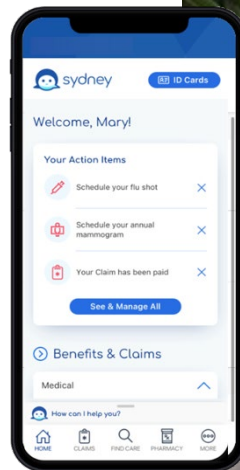


Sydney Health app; your personal health assistant

Download and register on the Sydney Health app to take full advantage of your Anthem plan.

Use it to:

- Find care and check costs.
- See all your benefits.
- View claims and payment information.
- View and use digital ID cards.
- Manage prescriptions.
- Get answers quickly with the interactive chat feature.
- Access virtual care.
- Access wellness resources and rewards.
- Sync with your fitness tracker.
- Reach Member Services for support.





Telehealth

Connect with care anywhere.

- Telehealth appointments on your mobile phone, tablet, or computer with a camera.
- Board-certified doctors available 24/7 for advice, treatment, and prescriptions.
- Appointments with licensed therapists or psychiatrists
- Appointments available 7 days a week and usually cost the same as an in-person visit.
- Cost is less than or equal to an in-person office visit.

To make a telehealth appointment, go to [anthem.com/ca](https://www.anthem.com/ca) or Sydney Health, and choose **Virtual Visit With A Provider** under **Care**.





Anthem Health Guides

An Anthem Health Guide answers your questions and walks you through the healthcare system so you can:



Find the right benefits for your needs.



Save money on prescriptions.



Stay on top of appointments.



Compare costs for healthcare services.

Reach an <Anthem> Health Guide at **866-641-1689** (the number is printed on the back of your member ID card).

You can also go to **[anthem.com/ca](https://www.anthem.com/ca)** to send a secure email<or chat online.





Health Record

Health Record lets you track, store, and share your health history and records with doctors and other health professionals from your smartphone or laptop. You can:

- Help your doctors and hospitals spot health risks and provide care that's appropriate for your health history.
- Download your medical records.
- Securely store files, images, and scans from your healthcare professionals.
- Track your prescriptions.
- Update and organize your list of prescriptions in real time.





Contacting Member Services



Phone:

Call the Member Services number on your ID card.



Online:

Register at [anthem.com/ca](https://www.anthem.com/ca), or download Sydney Health to chat with a team member.



How to save time and money



Save emergency room (ER) visits for emergencies.

Consider an urgent care center, retail clinic, or walk-in doctor's office. Of course, if you have a life-threatening, serious emergency, go to the ER, or call 911.



See doctors in your plan's network.

Pay less out of pocket when you see doctors in your plan's network.



Preapprove hospital services.

Call to preapprove services to prevent unnecessary charges.



Use the Find Care tool to check costs and quality ratings.

Find doctors and hospitals in your plan's network, review details and patient ratings, and compare costs for health services and tests.



Save money on health products.

Receive discounts on health-related products and services for you, your family, and your home.