

County of Accomack Open Enrollment Informational Sessions April 15th & 16th



Agenda

- New for 2026
- Market Trends – Gallagher Benefit Services
- How your health plan works
- Explore your healthcare plans
- Healthkeepers Network
- Additional benefits
- Health and wellness programs
- Tools and resources



2026 Plan Updates



What's New for 2026-2027

New Network

- Current network – KeyCare. Effective June 1, 2026 will be **Healthkeepers**
 - Healthkeepers Network provides greater discounts than KeyCare
 - Reviewed 1,417 unique visits: KeyCare 1,402 in-network; Healthkeepers 1,392 in-network
 - Chiropractors, Dentists, Physical Therapists
Pathologists

Plan Costs

- Cost Increases – Associate & County costs will increase effective June 1, 2026

Updated Plan Cost Share

- Increased Out-of-Pocket Maximum – Gold 20 Plan

Finding a Provider

Step 1 – Go to [Anthem.com](https://www.anthem.com) and click on “Find Care”

Step 2 – Choose “Basic search as a guest”

Step 3 – Choose medical plan network, then choose your state and how you get health insurance (Medical Employer-Sponsored)

Virginia – Healthkeepers OA POS

Out of State – National PPO (BlueCard PPO)

Step 4 – Enter location (Zip Code, City or Provider) then Filter by Type of Provider and Distance

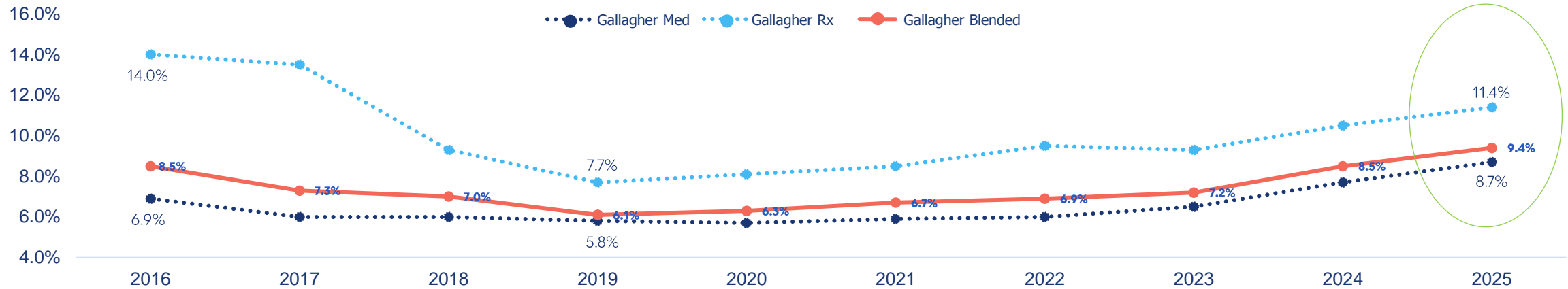




Market Trends – Gallagher Benefit Services

Market Trend History

Medical & Rx Industry Trend | 10 Year Forecast History



Trend drivers:

- Medical Inflation lagged general inflation due to provider-carrier contract renegotiation over the 3+ years since inflation peaked in 2021
- Launch and growth of prescription drugs for chronic conditions, **including GLP-1 and cell and gene therapies**
- **Prevalence of cancer** (new cases surpasses 2 million in 2024), heart disease and chronic conditions has spiked in recent years vs prior
- Behavioral health costs are increasing due to higher demand and limited supply, prompting providers to seek higher reimbursement rates

Trend mitigators:

- Artificial Intelligence improving provider quality, fraud & waste reduction in billing and overall process improvement (long time horizon)
- Rx Biosimilars add competition to specialty drug market (Humira – 2023, Stelara – 2025, Keytruda – 2026+)
- Growing popularity and variety of solutions and tools to manage health plans in the short- and long-term

Source: Historical Gallagher Actuarial Trends Forecasts (2016-2024); Gallagher's U.S. Healthcare Carrier Trend Survey (February 2025)

Source: PwC Medical cost trend: Behind the numbers 2025
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Medical & Rx Industry Trend

Major Drivers

Baseline Cost Increase

- Nearly all major hospital systems have renegotiated carrier contracts since 2022, with average rate increases of **8 – 12%** and multi-year escalators averaging 3 – 5% locked in beyond 2026
- Labor cost surges and supply chain pressures have been cited as primary drivers
- **Pre-COVID negotiation cycle averages 2 – 4% increases**
- Rise in private practices being sold to hospital systems or private equity groups, resulting in consolidation of negotiation power

Internal Dispute Resolution

- IDR process has generated **~\$5B** in additional costs¹ between 2022 and 2024, including admin expenses and additional payments to providers
- IDR resolution can result in provider payments higher than median in-network rates
- Private-equity backed organizations leveraging process to increase provider payments
- Increased administrative strain and ineligible disputes clogging the system, leading to wasteful spending

Rx Inflationary Factors

- Expanded GLP-1 indications are driving pharmacy spend sharply upward, with GLP-1 drug class costs projected to have grown **25%+** in 2025
- Gene therapy pipeline expansion is adding inflationary pressure as new therapies enter the market with prices that can exceed \$2M per course
- Increased development costs—driven by increased R&D, shipping cost escalation, and the shift toward complex therapies—are contributing to sustained inflation

Regulatory Pressures

- Enhanced ACA subsidies ending increased premiums, leading to healthy risk dropping coverage and more expensive risk pool. Insurers may offset increased costs from the employer market
- Tariffs increased the cost of imported equipment and supplies, raising unit-cost inflation and exacerbating supply-chain-driven shortages
- Reduced or stagnant Medicare reimbursement rates forced hospitals to negotiate higher commercial payment rates to offset revenue shortfalls



A large blue cross is centered on the page. To its right, a blue shield is partially visible, with its left edge overlapping the right edge of the cross. The background is a solid blue color.

How your health plan works

Before you choose a plan



Consider

your personal situation with questions like:

- What is your health like now?
- How often do you usually go to the doctor?
- What medications do you need?
- Are you planning on building your family?



Compare costs

and consider how the plans' monthly payments, deductible, coinsurance, copays, or out-of-pocket limits will fit your budget.



Check

if your doctors, hospitals, and other care professionals are in the health plan's network on **anthem.com** and the **SydneySM Health** app.

You can also look up any medications you need to see what they would cost.

Plans at a glance

All plans include:



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



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



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



A prescription drug plan with convenient home delivery.



Benefits for urgent and emergency care, wherever you are.



Health and wellness tools that support your well-being and help you reach your health goals.



Know your health plan terms



Copay

A set fee that you pay at a doctor's visit or when picking up medicine.



Coinsurance

Your share of the costs for covered healthcare services after you've met your deductible.



Deductible (out of network only)

A set amount of money you must pay each year for covered healthcare services before your health plan shares the costs.

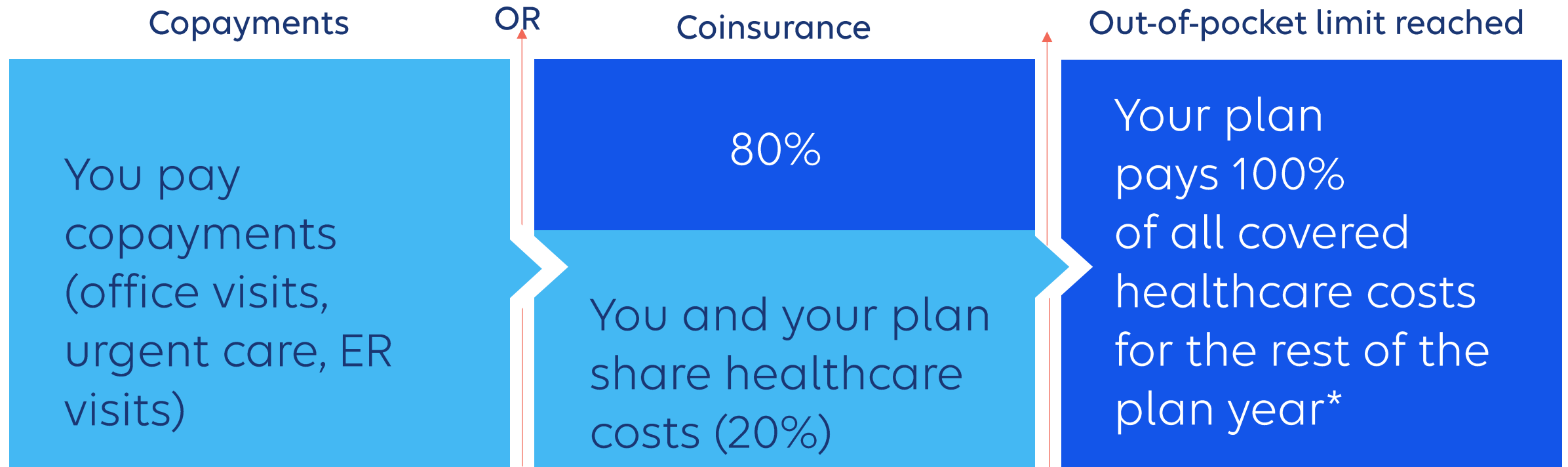


Out-of-pocket limit

The maximum amount you pay for covered services each year. Once you reach that limit, our plan covers the rest. Your copays, deductible, and coinsurance count toward your out-of-pocket limit.

Go to [anthem.com/glossary](https://www.anthem.com/glossary) to learn more about common healthcare terms.

What you pay and what your plan pays



This chart is only an example. Your actual cost share will depend on your plan, the service you receive, and the doctor you choose. Refer to your plan details to see your actual share of the costs.

What you pay

What we pay

* There are plans that require you to pay a copay at the time of service.

Explore your health plans

COVERAGE	IN-NETWORK BENEFITS	
	HEALTHKEEPERS PLATINUM 15	HEALTHKEEPERS GOLD 20
Plan Year Deductible		
Individual	\$0	\$0
Family	\$0	\$0
Out-of-Pocket Maximum		
Individual	\$3,500	\$5,000
Family	\$7,000	\$10,000
Office Visits		
Primary Care	\$15 copay	\$20 copay
Specialist	\$35 copay	\$40 copay
Virtual Care (Sydney App)	No charge, (PCP, Mental Health)	No charge (PCP Mental Health)
X-rays, labs, etc.	Lab – No charge / X-ray 20% coins. or \$35 copay	Lab – No charge / X-ray 20% coins. or \$40 copay
Preventive Care	No charge	No charge
Hospital Care		
Inpatient treatment	\$300 per day up to \$1,500	\$300 per day up to \$1,500
Outpatient surgery	\$300 copay	\$300 copay
Emergency Room	\$300 copay	\$300 copay
Urgent Care	\$35 copay	\$40 copay
Prescription Drugs		
Tier 1	\$15 copay	\$15 copay
Tier 2	\$50 copay	\$50 copay
Tier 3	\$85 copay	\$85 copay
Tier 4	20% up to \$300	20% up to \$300

Your summary of benefits



Anthem® HealthKeepers Inc.

Your Contract Code: 9GUM

Your Plan: Anthem HealthKeepers OA 15/20%/3500 Rx \$15/\$50/\$85/20%

Your Network: HealthKeepers

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge
Mental Health & Substance Use Disorder Services	No charge
Specialist care	\$35 copay per visit

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Overall Deductible	\$0 person / \$0 family	\$1,000 person / \$2,000 family
Overall Out-of-Pocket Limit	\$3,500 person / \$7,000 family	\$8,750 person / \$17,500 family

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

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

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

Doctor Visits (virtual and office) You are encouraged to select a Primary Care Physician (PCP).

Preferred PCP <i>virtual and office</i> (Providers reflected in our Find Care tool as: EPHC.)	\$10 copay per visit	Not covered
Primary Care (PCP) <i>virtual and office</i>	\$15 copay per visit	30% coinsurance after medical deductible is met
Mental Health and Substance Use Disorder Services <i>virtual and office</i>	\$15 copay per visit	30% coinsurance after medical deductible is met
Specialist Provider <i>virtual and office</i>	\$35 copay per visit	30% coinsurance after medical deductible is met

VA/LG/Anthem HealthKeepers OA 15/20%/3500 Rx \$15/\$50/\$85/20%/9GUM/01-01-2026

Your summary of benefits



Anthem® HealthKeepers Inc.

Your Contract Code: 9L2K

Your Plan: Anthem HealthKeepers OA 20/20%/4000 Rx \$15/\$50/\$85/20%

Your Network: HealthKeepers

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge
Mental Health & Substance Use Disorder Services	No charge
Specialist care	\$40 copay per visit

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Overall Deductible	\$0 person / \$0 family	\$1,000 person / \$2,000 family
Overall Out-of-Pocket Limit	\$5,000 person / \$10,000 family	\$10,000 person / \$20,000 family

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

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

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

Doctor Visits (virtual and office) You are encouraged to select a Primary Care Physician (PCP).

Preferred PCP <i>virtual and office</i> (Providers reflected in our Find Care tool as: EPHC.)	\$10 copay per visit	Not covered
Primary Care (PCP) <i>virtual and office</i>	\$20 copay per visit	30% coinsurance after medical deductible is met
Mental Health and Substance Use Disorder Services <i>virtual and office</i>	\$20 copay per visit	30% coinsurance after medical deductible is met
Specialist Provider <i>virtual and office</i>	\$40 copay per visit	30% coinsurance after medical deductible is met

VA/LG/Anthem HealthKeepers OA 20/20%/4000 Rx \$10/\$40/\$70/20%/9L2K/01-01-2026

Your pharmacy benefits

Your plan covers:

- Medicines on the ESSENTIAL drug list, including brand-name and generic drugs.
- Certain preventive drugs at little or no cost to you.
- Most specialty drugs if you have an ongoing health issue or serious illness.
- Some medications require preapproval, so Anthem can approve the prescription before the pharmacy fills it.

If you have a prescription that is not covered, talk to your doctor or pharmacist about:

- Finding another medicine.
- Switching to a generic or over-the-counter drug.



Your pharmacy benefits

How to get prescriptions and save money

- Retail pharmacies: Your costs may be lower with pharmacies in your plan's network.
- Home delivery: If you take medicine regularly, save time and money with home delivery and a 90-day supply through CarelonRx Pharmacy.
- Specialty pharmacy: If you require specialty medicine, you must place your order through CarelonRx Specialty Pharmacy.
- Check your drug list and pricing on **anthem.com**
- Easily refill home-delivery prescriptions with CarelonRx Pharmacy at home or over the phone.
- Benefit from our automatic enrollment in a Prescription Discount Program, which offers savings off retail prices for noncovered prescription medications.

Source: Anthem: *Drug Lists: The prescription drugs your plan covers* (May 2024); anthem.com.



Nearly

70,000

pharmacies across the country
plus a convenient home-delivery
option with CarelonRx Pharmacy.

How your pharmacy benefits work

Your deductible:

- **No pharmacy deductible**

Your plan helps pay for medicine before you reach your deductible.

- You'll pay a copay or coinsurance for your prescriptions.
- You'll then have an out-of-pocket limit. Once you reach that, the plan will pay 100% or the rest of your covered medical services for the year. Your copays and coinsurance count toward this amount.





Additional benefits

Anthem Dental PPO



Preventive and diagnostic services, including cleanings, exams, and X-rays, are covered when you see a dentist in the plan's network.



You have coverage for extra dental services, such as an additional exam and periodontal cleanings, if you're enrolled in certain care management programs.



Access tools like Ask a Hygienist, Dental Cost Estimator, and Dental Health Assessment.

Explore your dental plans

PLAN FEATURES	BASIC PLAN		ENHANCED PLAN	
Calendar Year Deductible • Individual • Family	\$50 \$150	\$50 \$150	\$50 \$150	\$50 \$150
COVERAGE				
Annual Benefit Maximum	\$1,000		\$1,500	
Diagnostic & Preventive (exams, cleanings, x-rays)	0%, no deductible	20%, no deductible	0%, no deductible	20%, no deductible
Basic Dental Care (fillings, root canals, oral surgery)	20%, after deductible	20%, after deductible	20% after deductible	20% after deductible
Major Dental Care (crowns, bridges, dentures)	Not Covered	Not Covered	50% after deductible	50% after deductible
Orthodontia	Not Covered	Not Covered	50% to lifetime maximum of \$1,000	50% to lifetime maximum of \$1,000

Virtual dental care support

Your Anthem dental plan covers teledentistry the same way it covers in-office dental care.

- **The TeleDentists®:** have virtual consultations with dentists using a smartphone, tablet, or computer with a camera. They can provide urgent or emergency dental care and can prescribe medications if needed.
- **Ortho@Home:** provides mild-to-moderate teeth straightening with clear aligners; offers in-network discounts from Byte.
- **Dentures@Home:** offers at-home denture replacement, making it more cost effective and convenient to get custom-fit premium replacement dentures, without the need for an office visit.



Your Summary of Benefits
Accomack County - High Plan
Anthem Blue Cross and Blue Shield Dental Complete



WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your employee benefits booklet.

Dental coverage you can count on

Your Anthem Blue Cross and Blue Shield (Anthem) dental plan lets you visit any licensed dentist or specialist you want – with costs that are normally lower when you choose one within our large network.

Savings beyond your dental plan benefits – you get more for your money.

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE	In-Network	Out-of-Network
Annual Benefit Maximum – (Calendar Year) • Per insured person • Diagnostic & Preventive Services are applied to the Annual Benefit Maximum	\$1,500	\$1,500
Annual Maximum Carryover	No	No
Orthodontic Lifetime Benefit Maximum • Per eligible insured person	\$1,000	\$1,000
Annual Deductible – (Calendar Year) • Per insured person • Family maximum	\$50 3x single member deductible	\$50 3x single member deductible
Deductible Waived for Diagnostic/Preventive Services	Yes	Yes
Out-of-Network Reimbursement	80th percentile	

Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services • Periodic oral exam • Teeth cleaning (prophylaxis) • Bitewing X-rays (<18, once in 12 mos.; 18+, once in 24 mos.) • Periapical X-rays	100% coinsurance	80% coinsurance	No waiting period
Basic Services • Amalgam (silver-colored) filling • Front composite (tooth colored) filling • Back composite (tooth colored) filling, alternated to amalgam allowance • Simple extractions	80% coinsurance	80% coinsurance	No waiting period
Endodontics • Root canal	80% coinsurance	80% coinsurance	No waiting period
Periodontics • Scaling and root planing	80% coinsurance	80% coinsurance	No waiting period
Oral Surgery • Surgical extractions	80% coinsurance	80% coinsurance	No waiting period
Major Services • Crowns	50% coinsurance	50% coinsurance	No waiting period
Prosthodontics • Dentures • Bridges • Dental implants (not covered)	50% coinsurance	50% coinsurance	No waiting period
Prosthetic Repairs/Adjustments	50% coinsurance	50% coinsurance	No waiting period
Orthodontic Services • Adults and dependent children†	50% coinsurance	50% coinsurance	No waiting period

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your employee benefits booklet. In the event of a discrepancy between the information in this summary and the employee benefits booklet, the booklet will prevail.

Your Summary of Benefits
Accomack County - Low Plan
Anthem Blue Cross and Blue Shield Dental Complete



WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your employee benefits booklet.

Dental coverage you can count on

Your Anthem Blue Cross and Blue Shield (Anthem) dental plan lets you visit any licensed dentist or specialist you want – with costs that are normally lower when you choose one within our large network.

Savings beyond your dental plan benefits – you get more for your money.

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE	In-Network	Out-of-Network
Annual Benefit Maximum – (Calendar Year) • Per insured person • Diagnostic & Preventive Services are applied to the Annual Benefit Maximum	\$1,000	\$1,000
Annual Maximum Carryover	No	No
Orthodontic Lifetime Benefit Maximum • Per eligible insured person	Not applicable	Not applicable
Annual Deductible – (Calendar Year) • Per insured person • Family maximum	\$50 3x single member deductible	\$50 3x single member deductible
Deductible Waived for Diagnostic/Preventive Services	Yes	Yes
Out-of-Network Reimbursement	80th percentile	

Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services • Periodic oral exam • Teeth cleaning (prophylaxis) • Bitewing X-rays (<18, once in 12 mos.; 18+, once in 24 mos.) • Periapical X-rays	100% coinsurance	80% coinsurance	No waiting period
Basic Services • Amalgam (silver-colored) filling • Front composite (tooth colored) filling • Back composite (tooth colored) filling, alternated to amalgam allowance • Simple extractions	80% coinsurance	80% coinsurance	No waiting period
Endodontics • Root canal	80% coinsurance	80% coinsurance	No waiting period
Periodontics • Scaling and root planing	80% coinsurance	80% coinsurance	No waiting period
Oral Surgery • Surgical extractions	80% coinsurance	80% coinsurance	No waiting period
Major Services • Crowns	Not covered	Not covered	Not applicable
Prosthodontics • Dentures • Bridges • Dental implants (not covered)	Not covered	Not covered	Not applicable
Prosthetic Repairs/Adjustments	Not covered	Not covered	Not applicable
Orthodontic Services • Not covered	Not covered	Not covered	Not applicable

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[Blue View Vision] [Blue View Vision Plus]

More doctors Choose from one of the many independent eye doctors in your plan's network.

More options Schedule appointments when it's convenient for you, including evenings and weekends.

More freedom Order eyeglass frames or contact lenses in a store or from an online retailer in your plan's network that will send them to your door.

More savings Receive discounts with lower out-of-pocket costs on lens options and laser vision correction surgery. Get 40% off additional pairs of glasses from retailers in your plan's network.



INDEPENDENT
PROVIDER
NETWORK



LENSCRAFTERS

PEARLE
EST. 1961
VISION

OPTICAL

GLASSES.com

contactsdirect

1800contacts

Ray-Ban

befitting

OAKLEY

Explore your vision plan

Services	In-Network (Blue View)	Out-of-Network
Routine Eye Exam — Included under your health plan	No Charge	30% after deductible
Lenses — once every calendar year (if enrolled in Major Vision)		
Single Vision Lenses	\$25 copay	Reimbursed up to \$25
Lined Bifocal Lenses	\$25 copay	Reimbursed up to \$40
Lined Trifocal Lenses	\$25 copay	Reimbursed up to \$55
Standard Progressive Lenses	\$90 copay	Reimbursed up to \$40
Frames — calendar year	once every \$130 allowance then 20% discount	Reimbursed up to \$45
Contact Lenses – in lieu of glasses, once every calendar year (if enrolled in Major Vision)		
Contact Lenses — calendar year if you elect contacts instead of lenses/frames	once every \$130 allowance	Reimbursed up to \$105



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 the Sydney app. You may also call member services for assistance at 1-866-723-0515.

Out-of-Network – If you choose to, you may instead receive covered benefits outside of the Blue View Vision. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Eyeglass Frames			
One pair of eyeglass frames	\$130 Allowance, then 20% off any remaining balance	Reimbursed Up To \$45	Once every calendar year
Eyeglass Lenses (instead of contact lenses)			
One pair of standard plastic prescription lenses			
<ul style="list-style-type: none"> o Single vision lenses o Bifocal lenses o Trifocal lenses 	<ul style="list-style-type: none"> \$25 Copay \$25 Copay \$25 Copay 	<ul style="list-style-type: none"> Reimbursed Up To \$25 Reimbursed Up To \$40 Reimbursed Up To \$55 	Once every calendar year
Eyeglass Lens Enhancements			
<i>When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost</i>			
<ul style="list-style-type: none"> o Temple Lenses (for a child under age 19) o Standard polycarbonate (for a child under age 19) o Factory Scratch Coating 	<ul style="list-style-type: none"> \$0 Copay \$0 Copay \$0 Copay 	No allowance when obtained out-of-network	Same as covered eyeglass lenses
Contact Lenses (instead of eyeglass lenses)			
<i>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.</i>			
<ul style="list-style-type: none"> o Elective conventional (non-disposable) OR o Elective disposable OR o Non-elective (medically necessary) 	<ul style="list-style-type: none"> \$130 Allowance, then 15% off any remaining balance \$130 Allowance (no additional discount) Covered in full 	<ul style="list-style-type: none"> Reimbursed Up To \$105 Reimbursed Up To \$105 Reimbursed Up To \$210 	Once every calendar year

This is a primary vision plan with benefits intended to cover only corrective eyewear. 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



Health and wellness programs

Health and wellness programs

Once you enroll in your Anthem health plan, you'll have access to a variety of programs and resources — at no added cost — to help you:



Better manage your condition.



Improve your overall health.



Reach your health goals.



Save on health-related products and services.

Once you have an Anthem plan, log in to [anthem.com](https://www.anthem.com) or the Sydney Health app, or call the Member Services number on your health plan ID card to enroll in these programs.

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



SmartShopper[®]

Be rewarded for making cost-effective choices

SmartShopper helps you earn cash rewards for choosing a low-cost, quality care provider, while also helping lower your out-of-pocket cost.

When your doctor recommends a medical service or test, call the SmartShopper Care Concierge Team at **844-328-1582**, or go to **anthem.smartshopper.com** and follow the prompts.

They can show you options and book your appointment. Once the claim is received, your reward check is sent.

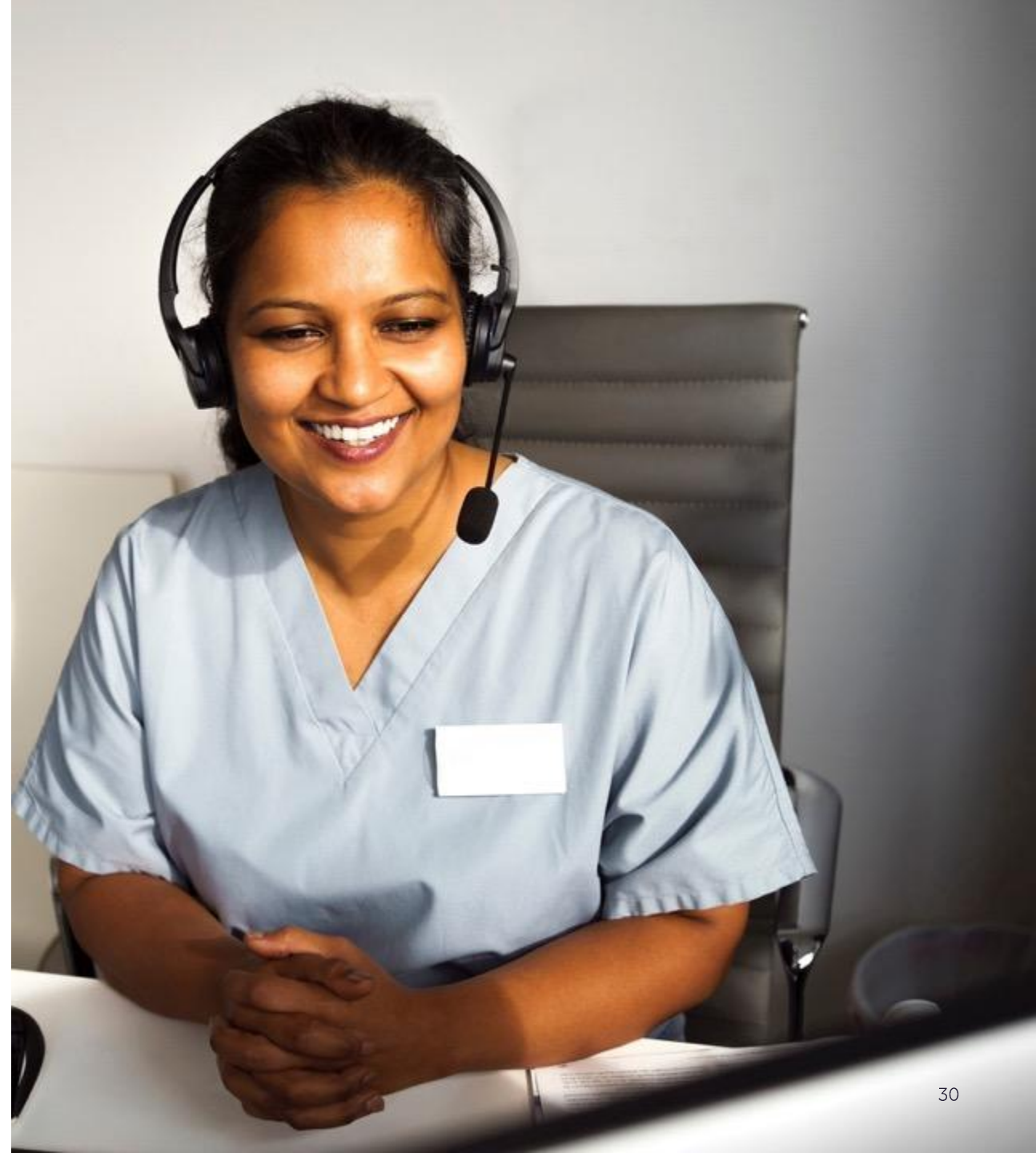


24/7 NurseLine

Support anytime, day or night

Connect with a registered nurse who can:

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



Smart Rewards

Incentives to inspire your well-being

Earn rewards for living healthier every day, such as when you have a wellness exam, read educational articles or take a class on healthy eating.



Employee Assistance Program (EAP)

Resources and care support to meet life's challenges

Your EAP offers support with personalized services for your mental, emotional, financial, and social health — at work and at home.

Available 24/7 at no cost, get private and confidential help for your:

- Emotional well-being
- Legal/financial questions
- Work-life balance
- Personal development



Reach your EAP at **anthem.com** or the Sydney app.

Case Management

Supporting your whole health

If you're in the hospital or have a serious health condition, 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

Our focus is on your care, so you can focus on your health

- **Expert guidance.** Take advantage of a virtual modify program to make sure you're getting 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.
- **Virtual support.** Access doctors 24/7 and use the TytoCare remote monitoring device to take your vitals and check symptoms from the comfort of home, as needed.
- **Peace of mind.** Feel secure knowing that if you travel for care, we'll take care of booking, confirming, and covering your arrangements.



Diabetes Prevention Program

Support to help you reduce your risk for type 2 diabetes

Anthem and Lark have come together to offer this 12-month weight loss program that can help you lose weight and reduce your risk for type 2 diabetes.

Get personalized 24/7 coaching to help you:

- Lose weight
- Manage stress
- Eat healthier
- Sleep better
- Increase activity

Use the Sydney Health app to complete the Lark prediabetes survey by going to **My Health Dashboard** and searching for “Lark Diabetes Prevention Program” under **Programs**.

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

NOTE:
Use this if the vendor is Lark.

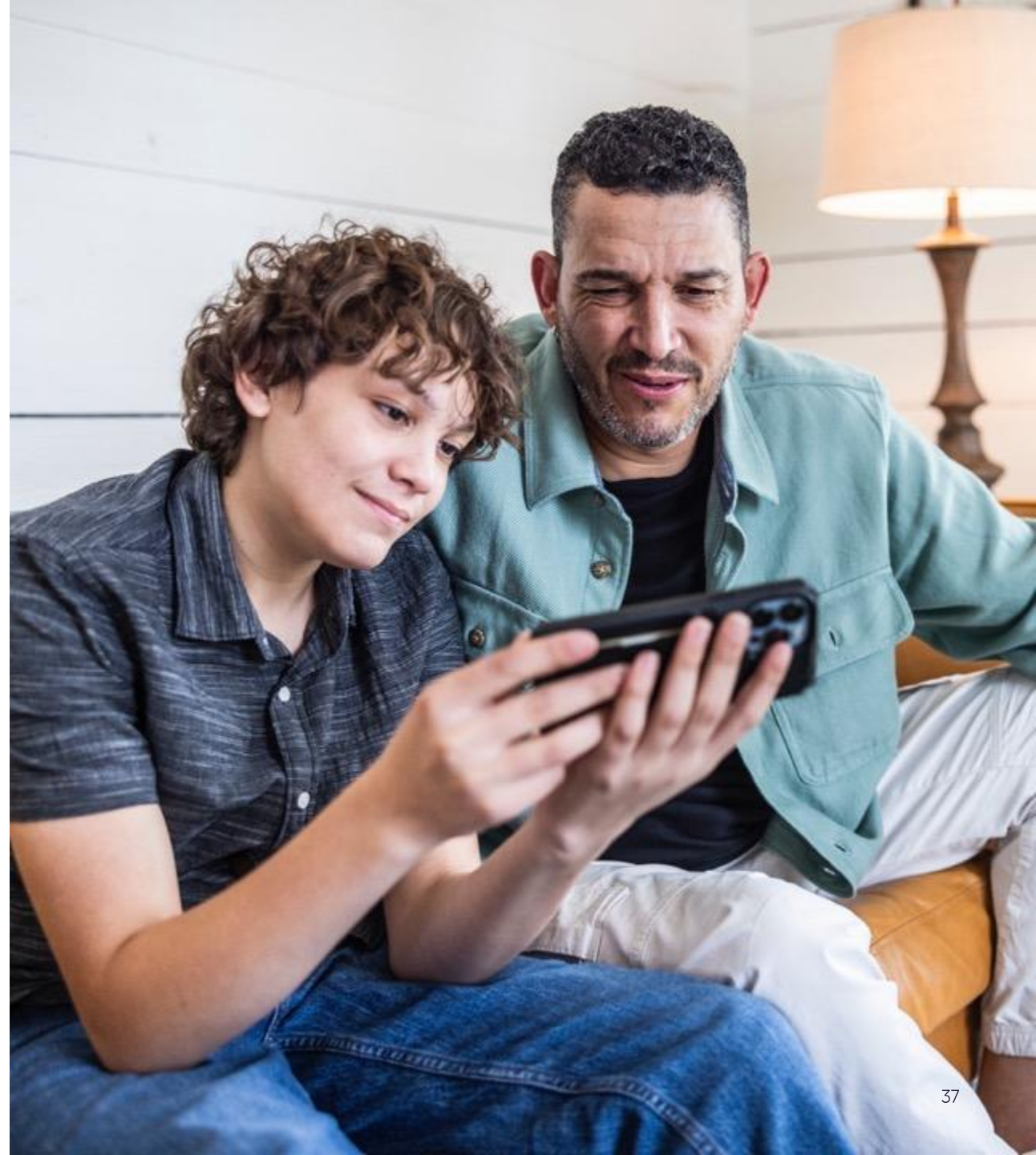
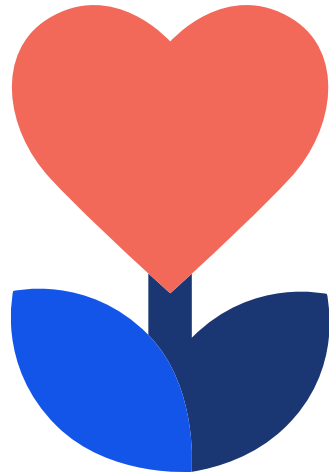


Behavioral Health Resources

Extra support can make a difference

Our knowledgeable and caring representatives are available 24/7 to help with:

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



Building Healthy Families



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



Screenings, tools, and trackers — for preconception, fertility, pregnancy, and early childhood.



Available 24/7 through our Sydney Health app.



Special Offers

Get discounts on a variety of programs that help promote health and well-being.

Visit **anthem.com** and choose **Care**; then select **Discounts**.



Save money on products and services for dental, vision, hearing, weight loss, fitness, family planning, pet insurance, health supplements, and skincare.



Well-being Coach

Access one-on-one coaching services with practical, tailored support to help you set and achieve your wellness goals, such as:

- Quitting tobacco
- Losing weight



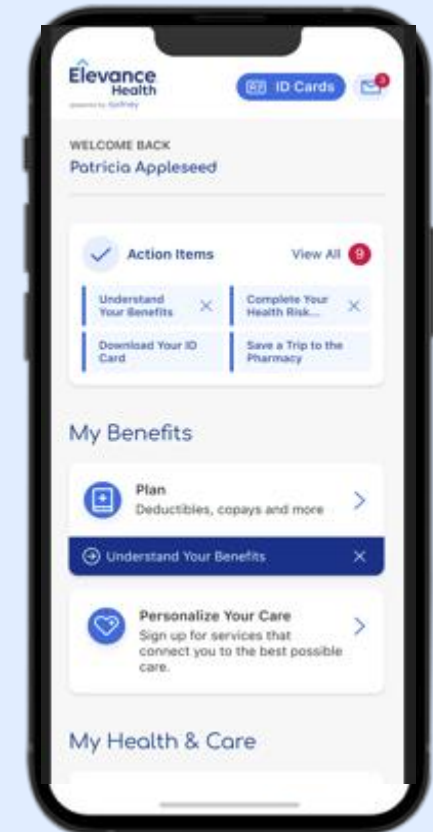
Tools and resources

Sydney Health mobile app

Makes healthcare easier

Sydney Health helps you keep track of your health and benefits all in one place. You can use the app to:

- Find care and compare costs.
- Learn what's covered and check claims.
- View and use your digital ID cards.
- Check your plan usage.
- Fill prescriptions.
- Chat with Member Services if you have questions or need information.
- Access Virtual Care to talk with a doctor via chat or a video session.
- Use the Symptom Checker to assess your symptoms.
- Use My Health Dashboard to find wellness tips and personalized action plans.
- Connect with Community Resources to find no-cost and reduced-cost programs.
- Simplify your family's health data with My Health Record to access and share health information in one place.



[Virtual care] [Telehealth]

Connect with care anywhere

- **Primary care** — Meet with a virtual care doctor to assess a minor illness or injury. They can also prescribe certain medicines and order lab tests.
- **Urgent care** — Connect virtually with a doctor in minutes, 24/7, for nonemergency care.
- **Specialty visits** — Schedule virtual care for a more specific need, like behavioral health, dermatology, and diabetes.

Telehealth appointments are available through your mobile phone, tablet, or computer with a camera.



Contacting Member Services



Phone:

Call the Member Services number on your health plan ID card.



Online:

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

Tools to help you choose a plan



Open enrollment booklet

Read this guide for key benefit information so you can easily compare your plan options.



Open enrollment website

Find details on your benefit options and medication lists to help with your healthcare decisions.



Find Care tool

Search for local doctors, hospitals, and care providers before you choose a plan on [anthem.com](https://www.anthem.com) and on the Sydney Health app.

How to save time and money



Save emergency room (ER) visits for emergencies

Consider an urgent care center, retail clinic, your doctor or virtual care. 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.



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.



Preapprove hospital services

Call to preapprove services to prevent unnecessary charges.

Thank you



Sydney Health is offered through an arrangement with Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. Life and disability products underwritten by The Standard a separate company that does not offer Blue branded products and services. The Standard is a marketing name for StanCorp Financial Group, Inc. and subsidiaries. Insurance products are offered by Standard Insurance Company of 1100 SW Sixth Avenue of Portland, Oregon, in all states except New York, where insurance products are offered by The Standard Life Insurance Company of New York of 360 Hamilton Avenue, Suite 210, White Plains, New York. Product features and availability vary by state and company and are solely the responsibility of each subsidiary. Each company is solely responsible for its own financial condition. Standard Insurance Company is licensed to solicit insurance business in all states except New York. The Standard Life Insurance Company of New York is licensed to solicit insurance business in only the state of New York. Virtual text and video visits powered by K Health. LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan. Online counseling is not appropriate for all kinds of issues. 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 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services. Crisis support is available if you or someone you know is having suicidal thoughts or behavior, is experiencing emotional distress, or is behaving in a way that could harm others. Call 988 to reach the 24/7 confidential 988 Suicide & Crisis Lifeline or go to [988lifeline.org](https://www.988lifeline.org).

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