

2025

BENEFITS

(effective 7/1/2025 – 6/30/2026)



Your guide to physical,
financial & personal
wellbeing support.

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Benefits Overview

Greater Cincinnati Insurance Consortium is proud to offer a comprehensive benefits package to eligible, full-time employees. The complete benefits package is briefly summarized in this booklet. You will receive plan booklets, which give you more detailed information about each of these programs.

You share the costs of some benefits (medical and dental), and Greater Cincinnati Insurance Consortium provides other benefits at no cost to you (life, accidental death & dismemberment). In addition, there are voluntary benefits with reasonable group rates that you can purchase through Greater Cincinnati Insurance Consortium payroll deductions.

Benefit Plans Offered

- Medical
- Dental
- Vision
- Employee Assistance Program
- Wellness Program

Eligibility

You and your dependents are eligible for Greater Cincinnati Insurance Consortium benefits.

Eligible dependents are your spouse, children under age 26, disabled dependents of any age, or Greater Cincinnati Insurance Consortium eligible dependents.

Elections made now will remain until the next open enrollment unless you or your family members experience a qualifying event. If you experience a qualifying event, you must contact Human Resources within 30 days.



Medical Benefits

Administered by Anthem

Comprehensive and preventive healthcare coverage is important in protecting you and your family from the financial risks of unexpected illness and injury. A little prevention usually goes a long way—especially in healthcare. Routine exams and regular preventive care provide an inexpensive review of your health. Small problems can potentially develop into large expenses. By identifying the problems early, often they can be treated at little cost.

Comprehensive healthcare also provides peace of mind. In case of an illness or injury, you and your family are covered with an excellent medical plan through Greater Cincinnati Insurance Consortium.

Greater Cincinnati Insurance Consortium offers you a PPO medical plan.

With the PPO, you may select where you receive your medical services. If you use in-network providers, your costs will be less.

PPO Plan 1		
	In-Network	Out-of-Network
Annual Deductible	\$600 per person / \$1,200 per family	\$1,200 per person / \$2,400 per family
Annual Out-of-Pocket Maximum (deductible)	\$3,600 per person / \$7,200 per family	\$6,200 per person / \$12,400 per family
Coinsurance	20% coinsurance	40% coinsurance
Doctor's Office		
Office Visits	\$25 Primary / \$50 Specialist	40% coinsurance
Wellness Care (routine exams, x-rays / tests, immunizations, well baby care and mammograms)	No Charge	40% coinsurance
HOSPITAL SERVICES		
Emergency Room	\$200 per visit	Covered as In-Network
Urgent Care	\$75 per visit	40% coinsurance
Ambulance Service	20% coinsurance	20% coinsurance
MENTAL HEALTH SERVICES		
Inpatient Services	20% coinsurance	40% coinsurance
Outpatient Services	\$25 / visit	40% coinsurance
SUBSTANCE ABUSE SERVICES		
Inpatient Services	20% coinsurance	40% coinsurance
Outpatient Services	\$25 Office / visit 20% coinsurance	40% coinsurance
OTHER SERVICES		
Maternity Services	\$25 1st office visit then 20% coinsurance	40% coinsurance
All Other Maternity Hospital / Physician Services	20% coinsurance	40% coinsurance
PRESCRIPTION DRUGS		
Retail – Generic Drug 30-day supply	\$10	N/A
Retail – Formulary Drug 30-day supply	\$40	N/A
Retail – Nonformulary Drug 30-day supply	\$60	N/A
Mail Order – Generic Drug 90-day supply	\$10	N/A
Mail Order – Formulary Drug 90-day supply	\$100	N/A
Mail Order – Nonformulary Drug 90-day supply	\$180	N/A



A caring team to help guide you

Anthem Health Guide is a concierge service for your health and health care



Health care benefits can seem complicated or confusing at times. To make the most of your benefits, you need to understand them. That is why you have a team of concierge-level customer service experts — ready to answer questions, advocate for your health and explain how to use your benefits. You can call a health guide or chat from your mobile device using our Sydney Health app.

Anthem health guides are here to help

Health guides are team members hand-picked for their kindness and understanding, their ability to listen and find a solution, all while also helping you feel less overwhelmed. They are experts at:

- **One-call resolution.** Our guides use advanced technology to see your whole health care picture while talking to you or advocating for you. They understand you are busy and may not have time for multiple conversations so they find the solution in the first call. Health guides take a comprehensive and personal approach, not only to help with your immediate needs but also anticipate future questions.
- **Advocating for you.** Health guides bring knowledge and experience to help make sure you are receiving the care you need. They will help break down barriers and eliminate “homework” for you, like calling providers about billing discrepancies, so you can focus on your health. If you need help finding a provider, guides can match you with an in-network provider that suits your needs. They can also help you save money by comparing costs for care at different hospitals and save on your prescription drugs, by switching to generic from brand-name, if available.
- **Coordinating care for better health.** Many people see more than one doctor. Health guides can connect you to health professionals who will help coordinate with doctors and other members of your care team. They can remind you of important preventive care, and even help schedule appointments for you, when possible. They also have in-depth knowledge about the programs and preventive care services that are part of your benefits, and they work closely with nurses, health coaches and social workers to provide support uniquely suited to you.

Anthem Health Guide is here to give you personalized help when you need it most. That way you can focus on what is most important: your health.

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Reach out to an Anthem Health Guide

Connect from your Anthem Blue Cross and Blue Shield Sydney Health mobile app or by logging in at anthem.com. Then choose **Customer Support**, then **Contact Us**

Call us at 844-995-1752, Monday to Friday.



Dental Insurance

Administered by Delta Dental

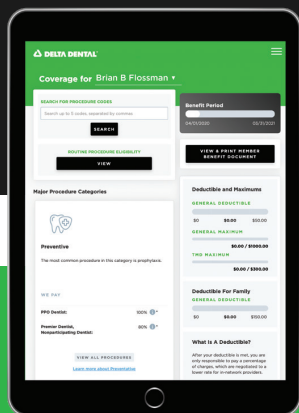
Good oral care enhances overall physical health, appearance and mental well-being. Problems with the teeth and gums are common and easily treated health problems. Keep your teeth healthy and your smile bright with the Greater Cincinnati Insurance Consortium dental benefit plan.

	In-Network PPO	Out-of-Network PPO
Annual Deductible	\$50 per member / \$100 per family	\$50 per member / \$100 per family
Annual Benefit Maximum	2,500 per member	2,500 per member
Preventive Dental Services (cleanings, exams, x-rays)	100%	100%
Basic Dental Services (fillings, root canal therapy, oral surgery)	80%	80%
Major Dental Services (extractions, crowns, inlays, onlays, bridges, dentures, repairs)	60%	60%
Orthodontic Services Dependent children to age 26	60% up to 1,500 lifetime benefit	60% up to 1,500 lifetime benefit



GROUP
PLAN

Stay informed about your dental benefits with Member Portal



Member Portal gives you 24/7 access to important information about your dental benefits.

With Member Portal, you can:

- See which members are covered on your plan, now and in the future
- Find an in-network dentist
- See common procedures
- Access an online ID card
- View the status of all claims and toggle between different family member claims
- View and print Explanation of Benefits (EOBs)
- Sign up for electronic delivery of Explanation of Benefits (EOB) statements by checking the “Paperless Preferences” box.

Get started today

➔ Visit www.memberportal.com

🔒 Log in using your credentials or
click “Sign up”

Complete the required fields and follow the on-screen instructions to register as a new user

NOTE: You will need the subscriber's ID (the person whose name is on the benefit package). The member ID is an assigned number unique to the subscriber. In many cases, the member ID is the same as the subscriber's Social Security number.

❓ **Questions?** Call Toolkit Support
at 866-356-0301

*Privacy of your online benefit information is assured
through highly secure encryption technology.*



Scan the QR code to
access Member Portal.

Vision Benefits

Administered by The Standard/VSP

Regular eye examinations can not only determine your need for corrective eyewear but also may detect general health problems in their earliest stages. Protection for the eyes should be a major concern to everyone.

	In-Network VSP	Out-of-Network (any qualified non-network provider of your choice)
Eye Exam – once every 12 months	\$10 copay	Up to \$50
Lenses – once every 12 months		
Polycarbonate lenses for children (once every 12 months)	\$10 copay	Not covered
Single Vision Lenses	\$10 copay	Up to \$50
Lined Bifocal Lenses	\$10 copay	Up to \$75
Lined Trifocal Lenses	\$10 copay	Up to \$100
Lenticular	\$10 copay	Up to \$125
Frames – once every 24 months	\$10 copay \$150 allowance 20% off remaining balance	Up to \$70
Contact Lenses – once every 12 months if you elect contacts instead of lenses / frames	\$130 allowance (Elective) Medically Necessary covered in full	Up to \$120 Up to \$210



Freedom to Choose



See Healthy and Live Happy

Finding the right eye care provider is important for your eye health and overall wellness. See healthy and live happy with help from VSP® Vision Care. Enroll in VSP to get personalized care from a VSP network doctor at low out-of-pocket costs.



Value and Savings You Love

Save on eyewear and eye care when you see a VSP network doctor. Plus, take advantage of Exclusive Member Extras for additional savings. Maximize your benefits with exclusive offers and savings at a Premier Program location, including private practice doctors and Visionworks® locations nationwide.



Using your benefit is easy!

Create an account on **vsp.com** to view your in-network coverage, find a VSP network doctor, and discover savings with Exclusive Member Extras. At your appointment, just tell them you have VSP.

Prefer to Shop Online?

Use your vision benefits on Eyeconic®—the VSP preferred online retailer. With the widest selection of quality eyewear, you're sure to find the eyewear you love at a price that's right for you.

Quality Vision Care You Need

You'll get great care from a VSP network doctor, including a WellVision Exam®—an eye exam designed to detect signs of vision and health conditions.

Additional VSP Network Provider Choices



Find a provider: vsp.com | 800.877.7195

To learn about your HIPAA privacy rights, see the VSP Notice of Privacy Practices on vsp.com.

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Classification: Public

Employee Assistance Program (EAP)

GuidanceResources®

Your Life. Your Work. Your Best.



Dear Employee:

We are pleased to announce ComPsych® GuidanceResources® as the new provider of our Employee Assistance Program services. The GuidanceResources® program provides confidential counselling, expert guidance and valuable resources to help you and your household members handle any of life's challenges, big or small. These services are provided at no charge and include:

Confidential Emotional Support

Life can be stressful. Your EAP provides short-term counselling services for you and your dependents to help you handle concerns constructively, before they become serious issues. Call anytime about topics such as marital, relationship and family problems; stress, anxiety and depression; grief and loss, job pressures and substance misuse disorders.

Work and Lifestyle Support

Too much to do, and too little time to get it all done? Work-life experts can do the research for you and provide qualified referrals and customized resources for topics such as child and elder care, moving, pet care, college planning, home repair, buying a car, planning an event, selling a house and more.

Legal Guidance

With your GuidanceResources® program, you have an attorney "on call" whenever you have questions. They can help with legal concerns such as divorce, custody, adoption, real estate, debt and bankruptcy, landlord or tenant issues, civil and criminal actions and more. If you require representation, you can be referred to a qualified attorney for a free 30-minute consultation and a 25 percent reduction in customary legal fees.

Financial Information

Everyone has financial questions. Get answers about budgeting, debt management, tax issues and other money concerns from on-staff accounts, financial planners and other experts, simply by calling the toll-free number.

Digital Support

Go to GuidanceResources® Online to connect to counselling, work and lifestyle support and other services, such as child care and legal services search tools. Tap into an array of articles podcasts, videos and slideshows on thousands of topics or improve your skills with On-Demand trainings, self-assessments and more.

Assistance is available 24 hours a day, 7 days a week.

To access GuidanceResources® services:

- Call your toll-free number. You'll speak to a counselling professional who can listen to your concerns and guide you to the appropriate services you require.
- Visit GuidanceResources® Online at www.guidanceresources.com and enter your company ID.

Remember, assistance from the GuidanceResources® program is strictly confidential. We hope you will take some time to explore all the benefits it has to offer.

COMPSYCH®
GuidanceResources® Worldwide



24/7 Live Assistance:
Call: 855.435.4333
TRS: Dial 711



Online: guidanceresources.com
App: GuidanceNowSM
Web ID: GCICEAP



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Contact Us... Anytime, Anywhere

No-cost, confidential solutions to life's challenges.

Confidential Emotional Support



Our highly trained clinicians will listen to your concerns and help you or your family members with any issues, including:

- Anxiety, depression, stress
- Grief, loss and life adjustments
- Relationship/marital conflicts

Work-Life Solutions



Our specialists provide qualified referrals and resources for just about anything on your to-do list, such as:

- Finding child and elder care
- Hiring movers or home repair contractors
- Planning events, locating pet care

Legal Guidance



Talk to our lawyers for practical assistance with your most pressing legal issues, including:

- Divorce, adoption, family law, wills, trusts and more
- Need representation? Get a free 30-minute consultation and a 25% reduction in fees.

Financial Resources



Our financial experts can assist with a wide range of issues. Talk to us about:

- Retirement planning, taxes
- Relocation, mortgages, insurance
- Budgeting, debt, bankruptcy and more

Online Support



GuidanceResources® Online is your 24/7 link to vital information, tools and support. Log on for:

- Articles, podcasts, videos, slideshows
- On-demand trainings
- "Ask the Expert" personal responses to your questions

Your ComPsych® GuidanceResources® program offers someone to talk to and resources to consult whenever and wherever you need them.

Call:

TDD: 877.373.4763

Your toll-free number gives you direct, 24/7 access to a GuidanceConsultant™, who will answer your questions and, if needed, refer you to a counsellor or other resources.

Online: guidanceresources.com

App: GuidanceResources® Now

Web ID:

Log on today to connect directly with a GuidanceConsultant about your issue or to consult articles, podcasts, videos and other helpful tools.

24/7 Support, Resources & Information

Contact Your GuidanceResources® Program

Call:

TDD: 877.373.4763

Online: guidanceresources.com

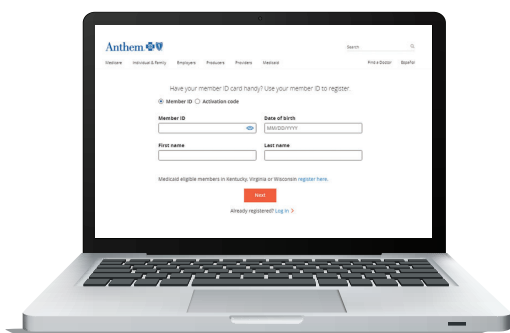
App: GuidanceResources® Now

Web ID:

Sydney Mobile App

You've got quick access to your health care!

Register on **anthem.com** or the **Sydney** mobile app.* Have your member ID card handy to register



From your computer

- 1 Go to **anthem.com/register**
- 2 Provide the information requested
- 3 Create a username and password
- 4 Set your email preferences
- 5 Follow the prompts to complete your registration

From your mobile device

- 1 Download the free **Sydney** mobile app and select **Register**
- 2 Confirm your identity
- 3 Create a username and password
- 4 Confirm your email preferences
- 5 Follow the prompts to complete your registration

It's easy. Everything you need to know about your plan — including medical, pharmacy, dental, vision, life insurance — in one place. Making your health care journey simple, personal — all about you.



*You must be 18 years or older to register your own account.

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Need help signing up?
Call us at **1-866-755-2680**.

SmartShopper



Meet your new favorite health plan benefit!

During open enrollment it's important to know all your options. As an Anthem member, you'll have SmartShopper®. It's a simple-to-use tool that compares locations so you can save money and earn cash rewards on routine medical care.

Earn cash rewards up to \$500 with SmartShopper

Since SmartShopper is part of your benefits, there are no extra steps or fees. It's quick and easy to compare costs and cash reward amounts before scheduling your procedure. And the best part? Your cash reward will be sent automatically.

It's Simple To Use



Compare locations at **SmartShopper.com** or call the Care Concierge Team at **866-285-7078**.



Go to a reward-eligible location for your procedure.



Earn a cash reward up to **\$500!**



The Care Concierge Team is here to support you. Not only can they help you compare costs, but they can even take care of prior authorizations and scheduling your procedure for you. Call today!

Go green by going paperless! Scan the QR code or contact us to register your email today.

The Care Concierge Team is available Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m. ET.*



*Summer hours: The Care Concierge Team closes at 3 p.m. ET on Fridays from Memorial Day to Labor Day.

The SmartShopper 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 Medicare are not eligible to receive incentive rewards under the SmartShopper program.

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The Christ Hospital

ARE YOU IN NEED OF ORTHOPEDIC CARE?

Greater Cincinnati Insurance Consortium (GCIC) has partnered with The Christ Hospital to offer world class orthopedic and heart care through The Center of Excellence programs.



GCIC has partnered with The Christ Hospital to offer The Center of Excellence program for both Orthopedic and Heart care. The programs offer access to some of the best surgeons in the region and nurse navigators to assist patients with questions, scheduling and education through a concierge's experience. Patients experience world class care and experiences as well as an all-inclusive episode of care all while **saving money**. GCIC waives all deductibles, coinsurance, and copayments for having a procedure in the Center of Excellence program saving health plan members potentially hundreds of dollars per service.



Your COE Benefit

ORTHOPEDIC CARE

The Orthopedic Center of Excellence includes procedures such as knee and hip replacements, spine procedures and shoulder procedures.

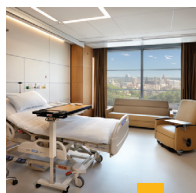
For information regarding knee and hip replacements as well as shoulder procedures please call our Joint Navigator at **513-557-4882**. For information on spine procedures please call our Spine Navigator at **513-557-4881**.

HEART CARE

The Cardiac Center of Excellence includes a wide variety of procedures and care.

For information regarding Heart care in this program please contact our Cardiac Navigator at **513-263-9194**.

GCIC plan members have their deductibles, coinsurance, and copayments waived for eligible procedures in the Christ Hospital Excellence programs.



Questions about the programs? Ready to get started?

- Please call **513-557-4882** for knee, hip or shoulder.
- Please call **513-557-4881** for spine.
- Please call **513-263-9194** for heart.
- thechristhospital.com/gcic
- Or scan the QR code to get started.



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What is Hinge Health?

How does the program work?

Hinge Health provides personalized care plans to help people accomplish their health goals related to musculoskeletal health (back, muscle, ankle, wrist, joint, pelvic pain and more).

How does Hinge Health help?

They assess your condition and match you to a care team to help personalize your treatment to you.

Who is in my care team?

Depending on your treatment plan, your care team could include a physical therapist and a health coach. You will keep the same care team throughout your experience.

What could be included in my treatment plan?

1. **Access to the Hinge Health app** with guided exercise therapy
2. **Virtual visits** with members of your care team
3. **Kit with tools** to assist in guiding exercise therapy

How much does the program cost?

It's free for eligible participants. This includes access to your care team, the Hinge Health app, and any materials that we send to assist in your care.

Who is eligible?

Employees and dependents 18+ enrolled in an Anthem medical plan through Greater Cincinnati Insurance Consortium are eligible.

How do I apply?

Take a short online questionnaire following the link below, telling us about your pain. No referral or diagnosis needed from a doctor.



Exercise therapy made easy

Follow along in the app for simple, 10-minute exercise therapy sessions.



Treatment from your care team

Get help overcoming pain, recovering from an injury, preparing for surgery, and more!



Scan the QR code to learn more or apply at
hinge.health/gcinsurance-oe
or call (855) 902-2777

Interested in learning more about the Women's Pelvic Health program? Visit hinge.health/gcinsurance-wph

Hinge Health está disponible en español

Alivia los dolores articulares y musculares y previene las lesiones con tus beneficios de salud gratuitos. Únete ahora.

Wellness Program



**Kick-start
your wellbeing!**

User Guide

Getting healthier is easier when you do it with friends. Participate in fun challenges with your [coworkers, friends and family] to help you build healthy habits and experience the rewards of better health. Are you ready? Brace yourself for some serious cheering, competition and fun along the way!

Have questions? We're here to help.

- Check out support.personifyhealth.com
- Send us an email: support@personifyhealth.com



Sign up and get started



Step 1

Visit join.personifyhealth.com or open the app and select **Create Account**.



Identify



Agree



Create



Finish

Follow the progress bar as you complete these easy steps:

Tell us who you are. We'll ask for a few details about you and your sponsor organization to check your eligibility. Some of the fields may already be filled.

Legal and privacy. Review and agree to the rules, data collection and privacy policy.

Create your account. Add your email, make a password and give us some additional details to customize your experience.

You're all set. Your account is ready. Click **Take Me There** to sign in.

Step 2

Connect a device or app to get credit for your wellbeing activities like steps and sleep. We sync with many trackers, such as Max GO, Apple Watch, Fitbit and MyFitnessPal, just to name a few.



Syncing is the simple process of uploading information from your fitness tracker to the mobile app, so it's all in one place. Be sure to sign in to your Personify Health app **at least once a week** so your data syncs and counts toward your activity goals. Activity tracking varies by device. Please consult your device instructions to learn more about available tracking features.

Step 3

Upload a profile picture and add some friends.

Step 4

Set your interests to get personalized daily tips to help you eat healthy, get active, reduce stress, sleep well and more!

Step 5

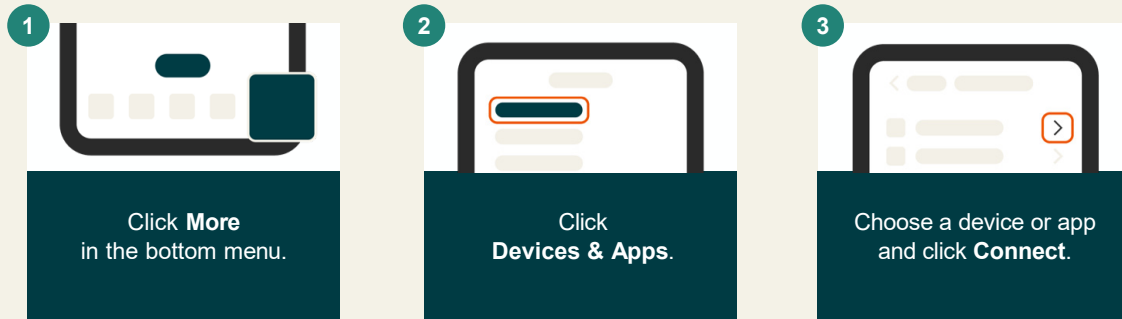
Download the Personify Health mobile app for iOS or Android. Access your account and track your activity anywhere, anytime. Turn on your notifications to stay motivated and get friendly reminders.

Scan the QR code to download the app.



Connect a device or app

Download the Personify Health app, and then follow these easy steps:



Compatible devices and apps

Personify Health supports a variety of tracking devices and apps that will help you get credit for validated steps, active minutes, sleep, meditation sessions and more. So, pick your favorites, connect them to your account and start tracking your activity. Sign in to your account to see all of the options available to you. Here are just a few:



Engage in activities that fit your interests

Learn easy ways to get more active, eat well and manage life's ups and downs—every day!

Challenges

Rally your coworkers for the latest company step challenge! Or gather a small group of coworkers or friends, and challenge one another to start a new healthy habit.

Daily Cards

Every day we'll send you two new tips to help you live well. Plus, we'll make sure they're about the areas that interest you the most.

Friends and Family

Add your work friends so you can encourage and motivate one another. You can also invite up to 10 friends and family members outside of work!

Health Check

This short, confidential survey assesses your health across seven factors, from mental health to fitness. You'll receive a personalized report and recommended actions you can take to start improving your wellbeing.

Healthy Habits

Healthy Habits offer you bite-size ways to build a healthy routine and improve your wellbeing. Your Healthy Habits will be customized based on your Health Check results and the interests you set in your profile.

Journeys®

Want to exercise more? Better manage a health issue? Now you can use our digital coaching tool to make simple changes to your health, one small step at a time.

Media Library

The Media Library offers interactive videos led by our team of trainers and coaches on a variety of topics. There's something for everyone.

My Care Checklist

My Care Checklist is a handy healthcare tracker that assists you in managing your health by keeping track of well visits, screenings and vaccinations—all in one place.

Pillars

Get straight to the information that matters to you the most. Pillars make it easy to find content that is important to you and provide quick access to many helpful tools and resources.

Shoutouts

Support a colleague or friend with a message of thanks or appreciation using the Shoutout feature.

Social Groups

Getting healthier and learning something new is easier with friends. Join a group to stay motivated, chat with others and achieve goals together.

Create a challenge

About challenges:

Personal Challenges

Create a personal step challenge to increase your activity for one, two or five days in a week. Make sure your fitness tracking device or app is connected to your account and start stepping. Invite your [coworkers and friends] for some friendly competition and see who comes out on top.

Healthy Habit Challenges

You can create a challenge for a Healthy Habit you're currently tracking, or try out one of the many other habits from topics like Sleeping Well, Being Productive, Managing My Finances and more. Simply track it every day in order to reach your goal.

How to start a challenge:

Step 1

From the home page, go to the **Social** tab, select **Challenges** and then select **Create**. Once you're in this section, choose **Personal Challenge** or **Healthy Habit Challenge**.

For personal challenges, you'll choose the duration of the challenge and start it up.

For Healthy Habit challenges, you'll select the habit you want to work on, write a personal message and get it started.

Step 2

Now that your challenge is set up, invite others to join! Select **Invite Players**, and you'll have the option to invite from your friends list, search for friends, or invite a Group. You can also add an email list of up to 250 people.

Things to explore:

Chat

If you invited others to join your challenge, connect and share images or tips on how to build habits and stay active via the challenge Chat feature.



Leaderboard

If you're in a group challenge and are competitively motivated, take a look at the Leaderboard in the app to see who's in the lead. If you're falling behind, put the pedal to the metal and aim for that #1 spot.



Try Journeys®

How to get started:

Step 1

Open the Personify Health mobile app or go to the website and find **Journeys** in the **Health** menu.

Step 2

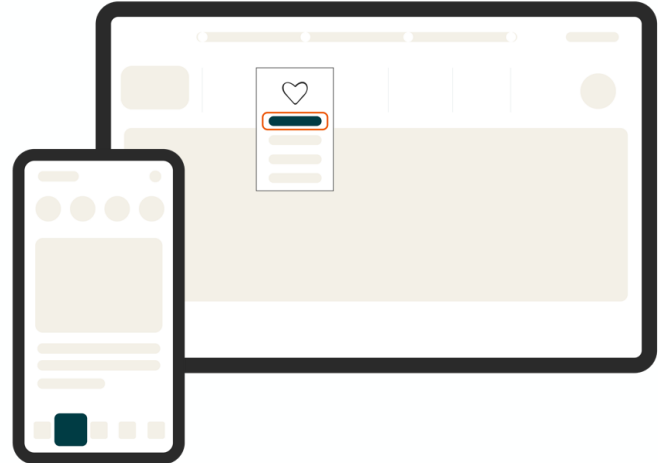
Find the Journey that's right for you. If you would like to view all the available Journeys in a topic, click **View All**.

Step 3

Click on the Journey you would like to learn more about. Click **Start** to begin your Journey.

Journeys can help you:

- Reduce stress
- Embrace diversity, equity and inclusion
- Increase your healthy nutrition knowledge
- Add more physical activity throughout the day
- Improve sleep



Max GO™

Get started with these easy steps:

Step 1

Before you pair Max GO, charge it and place it near your phone. Also, make sure your phone's Bluetooth, Location and Nearby Devices are turned on.

Step 2

Go to **More** and select **Devices & Apps**. Click on **Max GO** in the **Available Devices & Apps** section.

Step 3

Tap the **Connect** button on the new screen that opens. Select **Start Pairing**. Found devices will appear on the screen and your device will have Max GO in its name. Tap on **Connect** next to it.

Step 4

Tap the green check mark on the device to complete the pairing process. When paired successfully, you will be able to tap **Continue**, which will take you to the final step in the process: entering your height and weight. Then select **Continue** to save your information. A pop-up should appear, letting you know you're all set!

Max GO can help you:

Reach your step goal

You'll get a notification on your device when you reach your step goal. You can also turn on call, text and email notifications by going to the settings section on the mobile app.

Track your sleep

Max GO tracks your sleep when you wear it to bed. (Say hello to your new sleep buddy!)

What to expect:

Your Max GO has three different clock faces that you can choose from. By swiping through the screens, you can also view daily activity such as steps, calories, distance traveled and more. Max GO tracks and syncs steps, sleep, calories burned, workouts and active minutes.



Keep it up to date!

To upload your fitness tracker data to your wellbeing account, open the mobile app and pull down on the home screen to refresh.

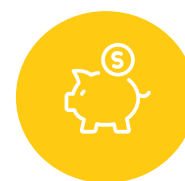


Syncing is the simple process of uploading information from your fitness tracker to the mobile app, so it's all in one place. Be sure to sign in to your app at least once a week so your data syncs and counts toward your activity goals.

Note: The Max GO is **only** compatible with smartphones that have the Personify Health mobile app installed, specifically Android 9.0 and iOS 15.0 and above.

Your Rewards

Earn up to \$165 in Rewards Cash Annually!



	Level 1	Level 2	Level 3	Level 4
POINTS	7,000	25,000	40,000	60,000
REWARDS	\$10 Rewards Cash	\$15 Rewards Cash	\$20 Rewards Cash	\$30 Rewards Cash
Additional Rewards Complete the Health Check Survey - \$25 Rewards Cash Complete the Biometric Screening - \$40 Rewards Cash First login to the Mobile App - \$25 Rewards Cash				

Activity Upload steps from your activity tracker (Max Go, Fitbit, Apple Health, S Health, Health Connect, etc.)	DAILY	Per 1,000 steps	10 Points
	(up to 140 Points/day)	15 or more active minutes	70 Points
		30 or more active minutes	100 Points
		45 or more active minutes	140 Points
Nutrition & Sleep	MONTHLY	20-Day Triple Tracker (moderate activity)	400 Points
		20-Day Triple Tracker (high activity)	500 Points
		Calorie Tracking	20 Points
		Track sleep manually	10 Points
Self Tracking	DAILY	Track sleep nightly via a device	20 Points
		Sleep > 7 hours in a night	50 Points
		Track your healthy habits (up to 30 Points/Day)	10 Points
		Track healthy habits 10 days in a month	200 Points
Cards	MONTHLY	Track healthy habits 20 days in a month	300 Points
		Complete daily tip card (2/day)	20 Points
		Complete 10 daily cards in a month	100 Points
		Complete 20 daily cards in a month	200 Points
Challenges	MONTHLY	Create a personal challenge	50 Points
		Join a personal challenge	100 Points
		Join the Company Challenge	100 Points
Journeys	DAILY	Complete a step	20 Points
		Complete a Journey	250 Points
More!	ONE-TIME	Complete registration	100 Points
		Add a profile picture	100 Points
		Connect activity device	200 Points
		First 5 friends	250 Points
		First login to mobile app	250 Points
	YEARLY	Complete the Nicotine Free Agreement	250 Points
		Set a wellbeing goal	200 Points
	QUARTERLY	Set interests	100 Points



Sign up now at join.personifyhealth.com
 Already a member? Login at login.personifyhealth.com
Questions? Contact Member Services at 888-671-9395

personify[™]
HEALTH



Contact Information

Carrier	Contact
Anthem Medical Plan or Prescription Drug Assistance	Anthem Health Guide 844.995.1752
Delta Dental Dental Plan	800.524.0149 www.memberportal.com
The Standard Vision Plan	800.877.7195 vsp.com
The Standard Life Insurance	800.628.8600 www.standard.com
ComPsych Employee Assistance Program	877.373.4763 www.guidanceresources.com
SmartShopper Earn cash rewards for shopping and using high quality, appropriately priced providers	866.285.7078 www.SmartShopper.com



This document is an outline of the coverage provided under your employer's benefit plans based on information provided by your company. It does not include all the terms, coverage, exclusions, limitations, and conditions contained in the official Plan Document, applicable insurance policies and contracts (collectively, the "plan documents"). The plan documents themselves must be read for those details. The intent of this document is to provide you with general information about your employer's benefit plans. It does not necessarily address all the specific issues which may be applicable to you. It should not be construed as, nor is it intended to provide, legal advice. To the extent that any of the information contained in this document is inconsistent with the plan documents, the provisions set forth in the plan documents will govern in all cases. If you wish to review the plan documents or you have questions regarding specific issues or plan provisions, you should contact your Human Resources/Benefits Department.

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Frequently Asked Questions

Help! I am traveling and need care.

When you travel and need care due to an emergency, call 911 or seek treatment at the closest Emergency Room. This includes life threatening conditions, severe bleeding or severe pain. You are covered anywhere in an emergency situation.

For non-emergencies, use the phone number on the back of your ID card. You can call this number to assist in finding a network provider and/or facility for non-emergent / urgent care in your area of travel.

You also have access to care across the country through the BlueCard PPO Program. If you are outside the country, you can use the BCBS Global Core Program.

For the BCBS Global Care Flyer, see page 29.

How do I register for Anthem.com or download the Sidney App?

From your computer:

1. Go to **Anthem.com** and register
2. Provide the information requested
3. Create a username and password
4. Set your email preferences
5. Follow the prompts to complete the registration

From your mobile device:

1. Download the free Sydney App from the App store
2. Follow steps 2-5 listed above

For further instruction, see page 12.

How do I find a provider that participates in the network?

You can search for network providers by using the Find Care Tool on **Anthem.com** or the Sydney Health Mobile App.

Follow the instructions listed in the preceding question and select FIND CARE.

For more information on how to find appropriate care, see page 30.

I want to schedule my preventive care over the summer. What is covered at 100%?

Your Anthem health plan offers preventive care services as outlined in the Affordable Care Act (ACA) at no cost to you. As long as you use a network provider, approved services will be covered at 100%. If you use providers that are not participating in the network, you may have out-of-pocket costs.

To find which services are covered at 100%, it is best to call Anthem in advance of obtaining the service. They can provide you with a list of services for adults and children.

Preventive care is very important to your long term health. So we encourage you to talk to your doctor about the screenings that are appropriate for you.

For more information, see pages 30-33.

I can never locate my ID card. Where can I easily find it?

You can use **Anthem.com** or the Sydney Mobile App to download your ID card.

Go to **Anthem.com** and from the member home page, click on MyPlan at the top of the page and select ID Card from the drop down menu.

Using the Sydney App on your phone – log in and your ID Card is available.

While you are logged into the Sydney App, set your ID card preferences to “digital” and download your ID card. This way, it will always be with you as long as you have your phone!

You can also request a new card by calling the Anthem Health Guide at **844.995.1752**.

Am I getting any new ID cards for the new plan year beginning 7/1/2025?

New Anthem ID cards will not be mailed out. Your current cards are still active.

You do not need an ID card to obtain dental services but be sure to tell your dental provider that you are now a member of Delta Dental.

Frequently Asked Questions

I would like to see a provider virtually rather than in person, is that covered? For medical and behavioral health?

Yes, your Anthem plan includes benefits for video visits using LiveHealth Online. With LiveHealth Online, you can see a board- certified physician 24/7, visit with a licensed therapist or consult a board certified psychiatrist.

To schedule a therapist or psychiatric visit, you can schedule on-line at **Anthem.com** or through the Sydney app from 8am to 8pm, seven days a week.

I heard that I can get bonus dollars if I shop for care?

SmartShopper is a program that helps you save money by allowing you to shop for lower cost options for certain covered services while earning cash incentives in return.

To get started, when your doctor recommends a medical test, procedure or lab work, call SmartShopper at **866.285.7078** or visit **Smartshopper.com** Price and quality of care varies greatly depending on the provider that you use. SmartShopper will research high quality, appropriately priced providers. If you use a provider they recommend, you will get a cash reward.

It is completely voluntary. Rewards range from \$25 to \$500.

For more information, see page 13.

I'm confused and need someone to help me figure out my healthcare bills.

You have access to the Anthem Health Guide who can assist you with any questions on claims. They make it easy to understand your plan and provide easy steps when dealing with a health issue.

You can reach an Anthem Health Guide at **844.995.1752**.

For information on the Anthem Health Guide, see page 5.

How do I find Urgent Care or Convenience Care locations?

You can search for participating network providers by using the Find Care Tool on **Anthem.com** or by using the Sydney App. This will allow you to find facilities in the area where you live or work.

Can I get a 90-day supply of medication at my retail pharmacy?

Yes, you may obtain a 90-day supply of maintenance drugs at a retail pharmacy. Keep in mind, if you are being prescribed a prescription for the first time, ask if there is a generic equivalent. You will save money!

Also, try the medication for a shorter timeframe to ensure it works before filling a 90-day supply. Be sure that your provider prescribes drugs on the Anthem Formulary (preferred list) or you will pay more.

Use the Sydney App while in the provider's office to check drug tiers and cost!

I need to go to the dentist – how do I find an In-Network provider?

Utilizing providers in the Delta Dental plan will obtain the most affordable care. There are two networks to choose from, the PPO and the Premier Network.

Offering both networks provides our members with the choice of many dental providers. Providers in the PPO network are more cost effective so you will pay less for care. To find a dental provider visit **www.deltadental.com/findadentist** Select Delta Dental PPO and Delta Dental Premier.

Be sure to register or log-in to the member portal. **www.memberportal.com** Please Note: all deductibles, maximums and benefit limits will start over on July 1.

You do not need an ID to seek service.

For more information, see page 7 .

Frequently Asked Questions

How do I find an In-Network vision provider?

You can search for a provider by going to www.vsp.com.

For more information, see page 9.

You will not receive an ID card for vision benefits. Simply provide your name and social security number to a participating provider and they will be able to check your eligibility in their system.



Is there a program to help me when I am overwhelmed or just need some support?

Yes! Support is available via our Employee Assistance Program, ComPsych. This is a free program for you and anyone who lives in your household whether they are covered on your benefits or not. It is for anything that stresses you! Not only did we increase the number of visits per issue to 6 but we are offering a program that has experts in so many fields to assist with financial questions, legal assistance, stress or anxiety, family concerns, and so much more.

Their service is comprehensive offering FamilySource – for Family and Personal Convenience Services

LegalConnect – lawyers who will provide insightful coaching and guidance
FinancialConnect – unlimited telephone access to CPAs, certified financial planners to help with everything from budgeting to investing

Plus a host of online tools to assist with all aspects of life's daily challenges.

For more information, see page 11.



**BlueCross®
BlueShield**
Global

Core

KNOW BEFORE YOU GO

HEALTHCARE COVERAGE WHEN YOU ARE TRAVELING ABROAD

As a BCBS member, you may have the ability to take your healthcare benefits with you when you go abroad.¹ Through the Blue Cross Blue Shield Global® Core program, you have access to doctors, hospitals, support tools, and resources around the world.

To take advantage of the program:

- Always carry your current BCBS member ID card and convenient access to supporting tools and resources which are also available through the BCBS Global Core program app.
- Before you go, contact your BCBS Plan at the number on the back of your BCBS member ID card for benefits and coverage details because they may be different outside the United States.
- If you need to locate a doctor or hospital, call the BCBS Global Core Service Center (see numbers below). An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization if necessary.
- If you need inpatient care, call the BCBS Global Core Service Center (see numbers below) to arrange direct billing. In most cases, you should not need to pay upfront for inpatient care except for the out-of-pocket expenses (noncovered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit the claim on your behalf.
- In addition to contacting the BCBS Global Core Service Center, call your BCBS Plan for precertification or preauthorization. Refer to the phone number on the back of your BCBS member ID card. *Note: This is a different phone number than those listed below.*
- If direct payment has not been arranged or your local BCBS Plan is unable to verify your benefit coverage at time of service, you may need to pay upfront and submit a claim for reimbursement. Complete a BCBS Global Core international claim form and send it with the bill(s) and proof of payment to the BCBS Global Core Service Center (the address is on the form). You can also submit your claim online or through the BCBS Global Core mobile app. The claim form is available from your BCBS Plan or online at www.bcbsglobalcore.com.

In an emergency, go directly to the nearest hospital.

To learn more about Blue Cross Blue Shield Global® Core:

- Visit www.bcbsglobalcore.com.
- Call your BCBS Plan at the phone number on the back of your member ID card
- Call the BCBS Global Core Service Center at one of the toll-free numbers; **1.800.810.BLUE (2583)** / **1.877.547.2903** or collect at **1.804.673.1177**.
- Download the BCBS Global Core program app for Apple and Android devices at www.bcbsglobalcore.com/Home/MobileApp/ (rates from your wireless provider may apply)..



Blue Cross, Blue Shield, the Blue Cross and Blue Shield symbols, BlueCard, and Blue Cross Blue Shield Global are trademarks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies.

1. Based on your domestic policy, exclusions may apply and coverage may differ (co-pays, deductibles, co-insurance, etc.)

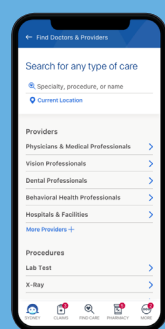
Connect with the care that's right for you

The Find Care tool helps you search for doctors/dentists and compare costs

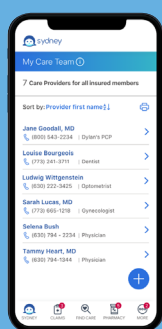
Choosing a provider you trust is important — and choosing one in your plan's network can help keep your costs down. Finding high-quality, cost-effective care is simple when you use the Find Care tool on the Sydney Health mobile app or **anthem.com**.

How to use Find Care

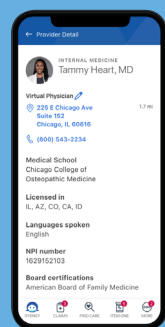
The Find Care tool brings together details about doctors, dentists, hospitals, labs, and healthcare facilities in your plan's network. You can easily compare information such as costs, location, and office hours. You can:



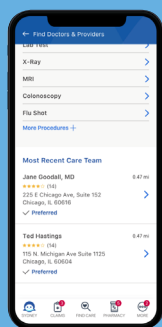
1 Search for providers and facilities in your plan's network by name, specialty, or procedure.



2 Customize the list of providers you see in your search based on factors that are most important to you, such as languages spoken, affiliated hospitals, and location.



3 Review details about doctors/dentists such as their specialties, gender, educational background, and contact information.



4 Choose a doctor/dentist from the list to review their patient ratings and compare costs for services.

Choose with confidence

You can start using **Find Care** by downloading the Sydney Health app to your mobile device or logging in to **anthem.com**. Select **Find Care** and the Find Care tool will guide you through the steps.

We're ready to help you

The Find Care tool empowers you to take control of your healthcare by helping you connect with high-quality care options. If you have questions, you can reach us using the interactive chat feature on the Sydney Health app or through the Message Center on **anthem.com**.



Download Sydney Health today to find a provider that's right for you



Use your smartphone camera to scan this QR code.



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Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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ACA Preventive Care Drug List



Preventive care can help keep you healthy and may even save your life. Getting routine health exams and screenings can help catch problems early, when they're easier to treat. And getting the right preventive care services can help you manage your health conditions and stay healthy.

Under the Affordable Care Act (ACA), pharmacy benefits must cover certain categories of preventive care drugs and products at 100%. That means you don't have to pay a share of the cost — no copay, deductible or percentage of the cost (coinsurance).

How do I get these drugs at no cost?

Talk with your doctor about choosing the medication or product that's right for you. To get these preventive drugs, including over-the-counter (OTC) drugs or products:

- They must be right for your age and condition.
- You'll need to get a prescription from your doctor (even for OTC products).
- Remember, only you and your doctor can decide on the medications you need and what's best for your health.

Preventive drugs and products, by category

Here's a list of medications Carenon plans will cover with no cost-share for you under the ACA. Keep in mind that this list can change. Brand-name drugs are listed with a first capital letter. Non-brand drugs (generics) are in lowercase letters.

ASPIRIN

Coverage includes generic over-the-counter 81mg aspirin products to prevent preeclampsia in pregnant women.

Aspirin 81mg (tab, ec tab, chew)

BOWEL PREP

Coverage includes generic prescription and over-the-counter products and are limited to two (2) bowel prep kits per year for adults 45 - 75 years old.

bisacodyl
bisacodyl-peg 3350-pot chloride-sod bicarb-sod chloride
magnesium citrate, hydroxide
peg 3350-potassium chloride-sod bicarbonate-sod chloride (generic Nulytely)
peg 3350-kcl-sod bicarb-sod chloride-sod sulfate (generic Golytely)

peg 3350-kcl-nacl-na sulfate-na ascorbate-ascorbic acid (generic Moviprep)
polyethylene glycol 3350
na sulfate-k sulfate-mg sulf (generic Suprep)

BREAST CANCER

Please have your doctor complete the Breast Cancer Copay Waiver form for coverage at \$0 for prevention. The form can be found here. If there is a previous diagnosis of breast cancer, the applicable cost share will apply.

anastrozole 1mg
exemestane 25mg
letrozole 2.5 mg
raloxifene 60mg
Soltamox
tamoxifen 10mg, 20mg

CARDIOVASCULAR

Full coverage for low-to-moderate dose generic statins will be limited to members 40-75 years old with one or more cardiovascular risk factor such as

dyslipidemia, diabetes, hypertension, or smoking but who have not experienced a cardiovascular disease event.

atorvastatin (10 - 20 mg)
fluvastatin (20 - 80 mg)
lovastatin (10 - 40mg)
pravastatin (10 - 80mg)
rosuvastatin (5 - 10mg)
simvastatin (5 - 40mg)

CONTRACEPTION

A cost share may apply for other prescription contraceptives, based on your drug benefits. Your doctor can contact us by completing and returning the Brand Contraceptive Copay Waiver form if the contraceptive you are taking is not on the formulary and is medically necessary because the preferred contraceptives are inappropriate for you, and we will waive your cost share. The form can be found here
Oral Contraceptives

afirmelle 0.1-0.02
altavera
alyacen 1/35
alyacen 7/7/7
amethia
amethia lo
amethyst 90-20mcg
apri
aranelle
ashlyna
aubra 0.1-0.02
aubra eq 0.1-0.02
aurovela 1.5/30
aurovela 1/20
aurovela 24 fe 1/20
aurovela fe 1.5/30
aurovela fe 1/20
aviane
ayuna
azurette 28
balziva
bekyree
blisovi 24 fe 1/20
blisovi fe 1.5/30
blisovi fe 1/20
briellyn
camila 0.35mg
camrese
camrese lo
caziant
charlotte 24 chw fe 1/20
chateal 0.15/30
chateal eq 0.15/30
cryselle-28
cyclofem 1/35

cyclofem 7/7/7
cyred
cyred eq
dasetta 1/35
dasetta 7/7/7
daysee
deblitane 0.35mg
delyla 0.1-0.02
deso/ethinyl estradio
dolishale 90-20mcg
dros/eth est levomefo
drospir/ethi 3-0.02mg
drospir/ethi 3-0.03mg
drospire/eth/estr/lev
drospirenone ethy est
elinest
emoquette
emzahn 0.35mg
enpresse-28
enskyce
errin 0.35mg
estarylla 0.25-35
ethy eth est 1-35
ethynodiol 1-50
falmina
fayosim
femynor 0.25-35
finzala chw fe 1/20
gimmily 1/20
gianvi 3-0.02mg
hailey 1.5/30
hailey 24 fe
hailey fe 1.5/30
hailey fe 1/20
heather 0.35mg
iclevia

incassia 0.35mg
introvale
isibloom
isibloom 0.15-30
jaimiess
jasmiel 3-0.02mg
jencycla 0.35mg
jolessa
joyeaux
juleber
junel 1.5/30
junel 1/20
junel fe 1.5/30
junel fe 1/20
junel fe 24 1/20
kaitlib fe
kalliga
kariva 28
kelnor 1/35
kelnor 1/50
kurvelo 0.15/30
larin 1.5/30
larin 1/20
larin 24 fe 1/20
larin fe 1.5/30
larin fe 1/20
larissia
layolis fe
leena
lessina
levo-eth est 90-20mcg
levonest
levonor/ethi
levonor/ethi 0.1-0.02
levonor/ethi 0.1-20
levonor/ethi estradio
levora-28 0.15/30
lillow 0.15/30
loestrin 1/20-21
loestrin 1.5/30
loestrin fe 1.5/30
loestrin fe 1/20
lojaimiess
loryna 3-0.02mg
low-ogestrel
lo-zumandimi 3-0.02mg
luteru
lyleq 0.35mg
lyza 0.35mg
marlissa 0.15/30
melodetta 24 fe
merzee 1/20
mibelas 24 fe
microgestin 1.5/30
microgestin 1/20
microgestin fe 1/20
microgestin fe 1.5/30
mili 0.25/35

minzoya 0.1/20
mono-lynyah 0.25-35
necon 0.5/35
necon 1/35
nikki 3-0.02mg
nor/est/ff 1.5/30
nora-be 0.35mg
nore/eth/fer 1/20
nore/eth/fer 0.4mg-35
noreth/ethin fe chw
noreth/ethin fe 1/
20chw
noreth/ethin 1.5/30
noreth/ethin 1/20
noreth/ethin fe 1/20
norethindron 0.35mg
norgest/ethi 0.25/35
norgest/ethi/estradio
norlyda
norlyroc 0.35mg
nortrel 0.5/35
nortrel 1/35
nortrel 7/7/7
nylia 1/35
nylia 7/7/7
nymyo 0.25-35
ocella 3-0.03mg
Opill
orsythia
philith 0.4-35
pimtrea
pirmella 1/35
pirmella 7/7/7
portia-28
previfem
quasense
rajani
reclipsen
rivelsa
setlakin
sharobel 0.35mg
simliya 28
simpesse
sprintec 28
sronyx
syeda 3-0.03mg
tarina 24 fe
tarina fe 1/20
tarina fe 1/20 eq
taysofy 1/20
tilia fe
tri femynor
tri-estaryl
tri-legest fe
tri-lynyah
tri-lo estaryl
tri-lo marzia

tri-lo- sprintec
tri-lo-mili
tri-mili
trinessa
trinessa lo
tri-nymyo
tri-previfem
tri-sprintec
trivora-28
tri-vylibra
tri-vylibra lo
tulana 0.35mg
turqoz
tydemy
velivet
vestura 3-0.02mg
vienna 0.1-20
violete
volnea
vyfemla 0.4-35
vylibra 0.25-35
wera 0.5/35
wymzya fe chw 0.4mg-
35
zovia 1/35e
zumandimine 3-0.03mg
Cervical Caps (Rx)
Femcap mis 22-30mm
Diaphragms
Caya dpr
Omniflex
Wide-seal dpr kit 60-95
Emergency
Contraception (Rx or
OTC)
aftera tab 1.5mg
afterpill tab 1.5mg
cura tab 1.5mg
econtra ez tab 1.5mg
econtra os tab 1.5mg
Ella tab 30mg
her style tab 1.5mg
levonorgestr tab 1.5mg
my choice tab 1.5mg
my way tab 1.5mg
new day tab 1.5mg
next choice tab 1.5mg
opcicon 1.5mg
option 2 tab 1.5mg
react tab 1.5mg
take action tab 1.5mg
Condoms (OTC)
female condoms
male condoms
Injectables (Rx)
depo-sq prov inj
medroxypr ac inj
150mg/ml

Intrauterine Devices and
Vaginal Rings
eluryng
enilloring
etonogestere mis ethy
est
haloette
Spermicides (OTC)
encare sup 100mg
gynol ii gel 3%
Shur-Seal gel 2%
VCF vaginal aer gel,mis
contracp
Transdermal
norelgestron-ee 150-
35mcg/24hr patch
xulane dis 150-35
zafemy 150-35mcg/
24hr patch
Vaginal Sponge
Today sponge mis

FLUORIDE (GENERIC ONLY)

*Coverage for children
age 6 months to 16
years.*

sodium fluoride chew
0.25mg, 0.5mg, 1mg,
2.2mg
sodium fluoride tab
0.5mg, 1mg
sodium fluoride soln
0.25mg 0.5mg
0.125mg
pediatric multivitamin/
fluoride chew, tab, soln
0.25mg, 0.5mg,
1mg,0.125mg, 1.1mg,
2.2mg

FOLIC ACID

*Coverage for generic
only, prescription and
over-the-counter
included for women
ages 55 or younger who
are planning and able to
get pregnant.*

folic acid tab,cap
400mcg, 800mcg
Prenatal and
multivitamins w/ folic
acid (generic OTC only)

HIV PRE-EXPOSURE PROPHYLAXIS

*Coverage applies when
used for pre-exposure
prophylaxis (PrEP). If
used for treatment of
HIV, a cost share may
apply based on your
benefit.*

Apretude
Descovy 200-25mg
emtricitabine 200mg
tenofovir 300mg
emtricitabine-tenofovir
200-300mg

PREDIABETES

*Full coverage of
metformin 850mg is
limited to members 35-
70 years old who have
prediabetes.*

metformin 850mg

SMOKING CESSATION

*Coverage includes
prescription and over-
the-counter, brand and
generic for members
greater than 18 years
old.*

OTC (Brand and
Generic)
Nicotine Replacement
Gum, Lozenge and
Patch
(Prescription)
Nicotrol Inhaler
Nicotrol Nasal Spray
varenicline

VACCINES

BCG
COVID-19
Diphtheria, Tetanus,
Pertussis
Haemophilus B Polysac
Conj
Hepatitis A
Hepatitis B
Human Papillomavirus
(HPV)
Influenza Virus
Measles, Mumps &
Rubella Virus

ACA Preventive Care Drug List



Meningococcal
Mpox
Pneumococcal
Poliovirus, IPV
Rotavirus , Oral
Respiratory Syncytial
Virus (RSV)
Varicella Virus
Zoster (shingles)

This list may change without notice which may affect your benefit coverage. To be sure your medication is covered under the PreventiveRx benefit, call the member services number located on your ID card.

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](https://www.anthem.com/co/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPD and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

61088MUMENABS Rev. 3/1/2025

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

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. (TTY/TDD: 711)

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。(TTY/TDD: 711)

Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة.
(711 :TDD/TTY)

Armenian

Դուք իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն:
Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo

Bee ná ahóót'í t'áá ni nizaad k'ehjí níká a'doowólt'áá jík'e. Naaltsoos bee atah nilínígíí bee né'cho'dólzíngó nanítínígíí béésh bee hane'í bikáá' áá'j' hodiílnih. Naaltsoos bee atah nilínígíí bee né'cho'dólzíngó nanítínígíí béésh bee hane'í bikáá' áá'j' hodiílnih. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. 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 to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with 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 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Legal Notices

Premium Assistance Under Medicaid and the Children's Health Insurance Program (CHIP)

If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov.

If you or your dependents are already enrolled in Medicaid or CHIP and you live in a state listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available.

If you or your dependents are **not** currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial **877.KIDS.NOW** or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan.

If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and **you must request coverage within 60 days of being determined eligible for premium assistance**. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call **866.444.EBSA (3272)**.

If you live in one of the following states, you may be eligible for assistance paying your employer health plan premiums. The following list of states is current as of March 17, 2025. Contact your state for more information on eligibility.

ALABAMA – Medicaid http://myalhipp.com 855.692.5447	INDIANA – Medicaid Health Insurance Premium Payment Program Family and Social Services Administration http://www.in.gov/fssa/dfr/ 800.403.0864 All other Medicaid https://www.in.gov/medicaid/ 800.457.4584
ALASKA – Medicaid The AK Health Insurance Premium Payment Program http://myakhipp.com/ 866.251.4861 CustomerService@MyAKHIP.com Medicaid Eligibility: https://health.alaska.gov/dpa/Pages/default.aspx	IOWA – Medicaid and CHIP (Hawki) Medicaid: https://hhs.iowa.gov/programs/welcome-iowa-medicaid 800.338.8366 Hawki: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/iowa-health-link/hawki 800.257.8563 HIPP: https://hhs.iowa.gov/programs/welcome-iowa-medicaid/fee-service/hipp 888.346.9562
ARKANSAS – Medicaid http://myarhipp.com 855.MyARHIPP (855.692.7447)	KANSAS – Medicaid https://www.kancare.ks.gov/ 800.792.4884 HIPP Phone: 800.967.4660
CALIFORNIA – Medicaid Health Insurance Premium Payment (HIPP) Program http://dhcs.ca.gov/hipp 916.445.8322 Fax: 916.440.5676 Email: hipp@dhcs.ca.gov	KENTUCKY – Medicaid Kentucky Integrated Health Insurance Premium Payment Program (KI-HIPP): https://chfs.ky.gov/agencies/dms/member/Pages/kihipp.aspx 855.459.6328 KIHIPPPROGRAM@ky.gov KCHIP: https://kynect.ky.gov 877.524.4718 Medicaid: https://chfs.ky.gov/agencies/dms
COLORADO – Medicaid and CHIP Health First Colorado (Colorado's Medicaid Program) https://www.healthfirstcolorado.com Member Contact Center: 800.221.3943 State Relay 711 Child Health Plan Plus (CHP+) https://www.colorado.gov/pacific/hcpf/child-health-plan-plus Customer Service: 800.359.1991 State Relay 711 Health Insurance Buy-In Program (HIBI) https://www.mycohibi.com/ HIBI Customer Service: 855.692.6442	LOUISIANA – Medicaid www.medicaid.la.gov or www.ldh.la.gov/lahipp 888.342.6207 (Medicaid hotline) or 855.618.5488 (LaHIPP)
FLORIDA – Medicaid www.flmedicaidprecovery.com/flmedicaidprecovery.com/hipp/index.html 877.357.3268	MAINE – Medicaid Enrollment: https://www.mymaineconnection.gov/benefits/s/?language=en_US 800.442.6003 TTY: Maine relay 711 Private Health Insurance Premium: https://www.maine.gov/dhhs/ofi/applications-forms 800.977.6740 TTY: Maine relay 711
GEORGIA – Medicaid GA HIPP: https://medicaid.georgia.gov/health-insurance-premium-payment-program-hipp 678.564.1162, Press 1 GA CHIPRA: https://medicaid.georgia.gov/programs/third-party-liability/childrens-health-insurance-program-reauthorization-act-2009-chipra 678.564.1162, Press 2	MASSACHUSETTS – Medicaid and CHIP https://www.mass.gov/masshealth/pa 800.862.4840 TTY: 711 Email: masspremassistance@accenture.com

MINNESOTA – Medicaid
https://mn.gov/dhs/health-care-coverage/ 800.657.3672
MISSOURI – Medicaid
http://www.dss.mo.gov/mhd/participants/pages/hipp.htm 573.751.2005
MONTANA – Medicaid
http://dphhs.mt.gov/MontanaHealthcarePrograms/HIPP 800.694.3084 Email: HHSHIPProgram@mt.gov
NEBRASKA – Medicaid
http://www.ACCESSNebraska.ne.gov Phone: 855.632.7633 Lincoln: 402.473.7000 Omaha: 402.595.1178
NEVADA – Medicaid
http://dhcfp.nv.gov 800.992.0900
NEW HAMPSHIRE – Medicaid
https://www.dhhs.nh.gov/programs-services/medicaid/health-insurance-premium-program 603.271.5218 Toll free number for the HIPP program: 800.852.3345, ext. 15218 Email: DHHS.ThirdPartyLiabi@dhhs.nh.gov
NEW JERSEY – Medicaid and CHIP
Medicaid: http://www.state.nj.us/humanservices/dmahs/clients/medicaid 800.356.1561 CHIP: http://www.njfamilycare.org/index.html 800.701.0710 (TTY: 711) Premium Assistance: 609.631.2392
NEW YORK – Medicaid
https://www.health.ny.gov/health_care/medicaid/ 800.541.2831
NORTH CAROLINA – Medicaid
https://dma.ncdhhs.gov 919.855.4100
NORTH DAKOTA – Medicaid
https://www.hhs.nd.gov/healthcare 844.854.4825
OKLAHOMA – Medicaid and CHIP
http://www.insureoklahoma.org 888.365.3742
OREGON – Medicaid and CHIP
http://healthcare.oregon.gov/Pages/index.aspx 800.699.9075
PENNSYLVANIA – Medicaid and CHIP
https://www.pa.gov/en/services/dhs/apply-for-medicaid-health-insurance-premium-payment-program-hipp.html 800.692.7462 CHIP Website: https://www.dhs.pa.gov/CHIP/Pages/CHIP.aspx CHIP Phone: 800.986.KIDS (5437)

RHODE ISLAND – Medicaid and CHIP
http://www.eohhs.ri.gov 855.697.4347 or 401.462.0311 (Direct Rite Share Line)
SOUTH CAROLINA – Medicaid
http://www.scdhhs.gov 888.549.0820
SOUTH DAKOTA – Medicaid
http://dss.sd.gov 888.828.0059
TEXAS – Medicaid
https://www.hhs.texas.gov/services/financial/health-insurance-premium-payment-hipp-program 800.440.0493
UTAH – Medicaid and CHIP
Utah's Premium Partnership for Health Insurance (UPP) https://medicaid.utah.gov/upp/ Email: upp@utah.gov 888.222.2542 Adult Expansion: https://medicaid.utah.gov/expansion/ Utah Medicaid Buyout Program: https://medicaid.utah.gov/buyout-program/ CHIP: https://chip.utah.gov/
VERMONT – Medicaid
https://dvha.vermont.gov/members/medicaid/hipp-program 800.250.8427
VIRGINIA – Medicaid and CHIP
https://coverva.dmas.virginia.gov/learn/premium-assistance/famis-select https://coverva.dmas.virginia.gov/learn/premium-assistance/health-insurance-premium-payment-hipp-programs Medicaid and Chip: 800.432.5924
WASHINGTON – Medicaid
https://www.hca.wa.gov/ 800.562.3022
WEST VIRGINIA – Medicaid and CHIP
https://dhhr.wv.gov/bms/ or http://mywvhipp.com/ Medicaid: 304.558.1700 CHIP Toll-free: 855.MyWVHIPP (855.699.8447)
WISCONSIN – Medicaid and CHIP
https://www.dhs.wisconsin.gov/badgercareplus/p-10095.htm 800.362.3002
WYOMING – Medicaid
https://health.wyo.gov/healthcarefin/medicaid/programs-and-eligibility/ 800.251.1269

To see if any other states have added a premium assistance program since March 17, 2025, or for more information on special enrollment rights, contact either:

U.S. Department of Labor
Employee Benefits Security Administration
www.dol.gov/agencies/ebsa
866.444.EBSA (3272)

U.S. Department of Health and Human Services
Centers for Medicare & Medicaid Services
www.cms.hhs.gov
877.267.2323, Menu Option 4, Ext. 61565

Notes

Notes



This benefit guide prepared by



Gallagher

Insurance | Risk Management | Consulting