

2026 open enrollment

Your guide to your health plan and benefits

Medical, Pharmacy and Wellbeing Solutions

NRP Investments LLC

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Anthem

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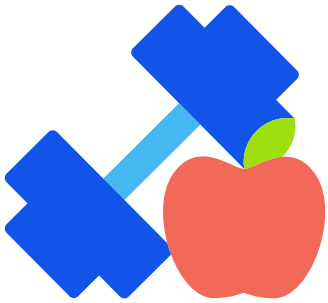
This guide is for informational purposes only. You must enroll in a plan for your benefits to start.

Welcome to Anthem

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

Choosing a health plan is one of the most important decisions you'll make this year. We're here to help you make the best choice so you and your family feel confident and cared for every step of the way. Open enrollment is your time to explore benefits, programs, and resources that can support your whole health and well-being all year long.

This guide will help you understand everything that's available to you, from benefits to wellness programs. You'll also find tips and tools that can help you reach your health and wellness goals once you've enrolled in an Anthem health plan.



Why Anthem

At Anthem, we're dedicated to improving your health and providing quality coverage to the 47 million people who have an Anthem health plan.[1] To make sure you're receiving safe, quality care and service, we review the benefits and programs you use to know what's working — and learn where we can take action — to help you be your healthiest self. With an Anthem plan, you'll have access to a variety of benefits, including:

The nation's largest network

Anthem gives you access to more than 1.7 million doctors and hospitals — the nation's largest network of care providers, which touches every ZIP code in the U.S.[2]

No- or low-cost preventive care

Your plan covers preventive care at little or no added cost when you see a doctor in your plan's network. Preventive care, such as your annual physical, vaccinations, and screenings, can help you stay healthy and catch issues early when they're easier to treat.

Convenient virtual care

Virtual care allows you to connect directly to care from anywhere with a smartphone, tablet, or computer with a camera. You'll be able to meet with a board-certified doctor through video or chat with little to no wait time.[3]

Health and wellness programs

Your Anthem benefits offer access to a variety of programs, digital tools, and health guides at no added cost to help you with your individual health needs and goals.

1 Elevance Health: *2024 Notice of Annual Meeting of Shareholders and Proxy Statement* (accessed May 21, 2025): https://s202.q4cdn.com/665319960/files/doc_financials/2024/ar/2024-elevance-health-proxy-statement.pdf.
2 Blue Cross Blue Shield Association: *The Blue Cross Blue Shield System* (accessed May 21, 2025): bcbs.com.
3 In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

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Medical plans

Review your options to find the right fit for your needs

You deserve peace of mind when it comes to your healthcare. An Anthem health plan gives you that and more, supporting you every step of the way with coverage that fits your needs and your budget.

Review the health plans and then compare costs in the chart on the following page before making your selection. You will want to check to see if your doctors are in the plan's network, which will help you make the most of your benefits and save money.

Blue Access PPO

With a preferred provider organization (PPO) plan, you can go to almost any doctor or hospital — giving you more choices and flexibility.

- Choose a primary care doctor in the plan's network for preventive care, such as checkups and screenings.
- No referral is needed from your primary care doctor to see a specialist, such as an orthopedic doctor or a cardiologist — saving you time and money.
- You'll pay less if you choose doctors and facilities in your plan's network.

Blue Access PPO HSA

A high-deductible health savings account (HSA) plan allows you to set aside pretax dollars to pay for care tax free. Use the money in the account to pay for qualified medical expenses, such as doctor or hospital visits, prescription drugs, or copays.[1]

- After you reach your plan deductible, you'll only pay a percentage of the total cost (called coinsurance) when you receive care for a covered service. Your plan covers the rest
- The money in your HSA rolls over from year to year and is yours to keep, even if you change health plans or jobs, or retire.
- You can contribute up to $4,400 for an individual and $8,750 for a family. If you're 55 or older, you can contribute an extra $1,000 a year.

Find care



Use our **Find Care** tool to see if your doctors are in the plan's network by visiting **anthem.com/find-care**

3 For a full list of qualified expenses, go to anthem.com/qme.

Compare medical plans

Consider your health needs and plan costs

This chart shows your plan options and costs to help you make the most of your benefits.*

	PPO		PPO	
	Doctors in the plan's network	**Doctors out of the plan's network**	**Doctors in the plan's network**	**Doctors out of the plan's network**
Health account	Blue Access PPO		Blue Access PPO $7,000	
Deductible				
Individual	$2,000	$3,500	$7,000	$11,000
Family	$6,000	$10,500	$14,000	$22,000
Office visits				
Doctor/specialist	$40 / $70	40% coinsurance after deductible	$40 / $70	40% coinsurance after deductible
Out-of-pocket limit				
Individual	$6,000	$12,000	$8,900	$22,250
Family	$12,000	$24,000	$17,800	$44,500
Pharmacy				
Retail	$10/$40/$75/ 25% up to $250	50% coinsurance	$15/$40/$80/ 25% up to $250	50% coinsurance
Home Delivery	$20/$80/$150/ 25% up to $250	Not covered	$30/$80/$160/ 25% up to $250	Not covered
Helpful Information	• Access to 96% of hospitals and 93% of doctors nationwide. • Access to a network of doctors in your area. • Essential Drug List 4-tier		• Access to 96% of hospitals and 93% of doctors nationwide. • Access to a network of doctors in your area. • Essential Drug List 4-tier	

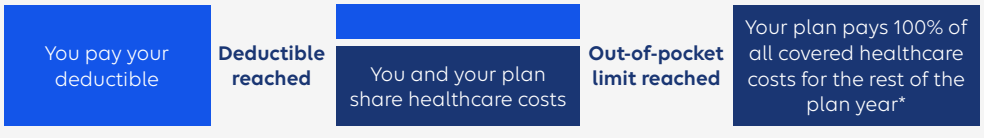
*Please note that this information is a general description of your benefits; it is not a contract and does not replace your *Summary of Benefits*. For a full disclosure of all benefits, exclusions, and limitations, refer to

Save money on care

If you see a care provider ***in your plan's network***, you'll pay less for care. Anthem reviews doctors and facilities in your plan's network regularly to make sure they provide safe, quality care at a lower cost.

If you see a care provider who is ***outside of your plan's network***, you'll pay more. These doctors and facilities are not regularly reviewed by Anthem.

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 cost.

Compare medical plans

Consider your health needs and plan costs

This chart shows your plan options and costs to help you make the most of your benefits.*

	HSA		HSA	
	Doctors in the plan's network	**Doctors out of the plan's network**	**Doctors in the plan's network**	**Doctors out of the plan's network**
Health account	Blue Access PPO HSA $4,000		Blue Access PPO $5,000	
Deductible				
Individual	$4,000	$8,000	$5,000	$15,000
Family	$8,000	$16,000	$10,000	$30,000
Office visits				
Doctor/specialist	No charge after deductible	30% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible
Out-of-pocket limit				
Individual	$4,000	$10,000	$6,900	$20,700
Family	$8,000	$20,000	$13,800	$41,400
Pharmacy				
Retail	No charge after deductible	50% coinsurance after deductible	20% coinsurance after deductible	50% coinsurance after deductible
Home Delivery	No charge after deductible	Not covered	20% coinsurance after deductible	Not covered
Helpful Information	• Access to 96% of hospitals and 93% of doctors nationwide. • Access to a network of doctors in your area. • Essential Drug List 4-tier		• Access to 96% of hospitals and 93% of doctors nationwide. • Access to a network of doctors in your area. • Essential Drug List 4-tier	

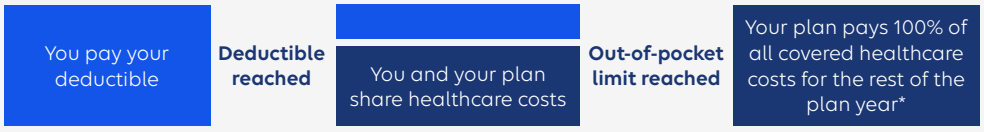
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What you pay and what your plan pays



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Pharmacy benefits

Reliable prescription drug coverage

Having the right medicine at the right time can make a big difference in your health and well-being. We're here to help you access the medications you need, when you need them, while also saving money.

Your plan covers:

- Brand-name and generic drugs on your drug list.
- Certain preventive drugs at a more affordable or no extra cost to you.
- Most specialty drugs required to treat an ongoing health matter or serious illness.

Coverage requirements

Certain medications require you to take other steps before your plan covers them.

- **Preapproval, also known as prior authorization,** helps ensure your medications are safe and appropriate. If necessary, we'll work directly with your doctor to find the best fit with no action needed on your part.
- **Step therapy:** You may need to try other medicine before we can cover the one your doctor prescribed.
- **Quantity limits:** To help protect your health, your plan may limit how much medication you can receive each month.
- **Dose optimization:** If a higher strength is available, you may be able to switch from taking multiple doses to a single dose each day.
- **90-day supply:** If you take maintenance medication for ongoing conditions like asthma, diabetes, or high cholesterol, your plan may require that you set up a 90-day supply at a local pharmacy or through CarelonRx Pharmacy home delivery.

Review your drug list

Your plan uses the drug list below. It includes hundreds of generic and brand-name prescription drugs in every therapeutic class that can help keep your costs down. Choosing a medicine on your drug list can help you pay less — especially when compared to paying out of pocket for medicines that aren't covered.

Your plan includes various drug lists with details about brand-name and generic drugs. Check the lists for your medications; if they are not covered on the list, you'll see other options

Visit:

- **https://fm.formularynavigator.com/FBO/143/Essential_4_Tier_ABCBS.pdf**
- **https://file.anthem.com/04386MUMENABS-1.1.pdf**
- **https://file.anthem.com/64147MUEENABS.1.pdf**

To understand pharmacy benefits:

- Review your medication list to see if your prescriptions are covered.
- Use the Price a Medication tool on **Sydney℠ Health** to find the best price in your plan's network, which can save you more when buying certain medicines.
- Check to make sure your local retail pharmacy is in your plan's network by using the Find a Pharmacy tool on **Sydney℠ Health**.
- Explore home delivery with CarelonRx Pharmacy to make getting your regular prescription medications easier and help lower your costs.
- Get more information on our specialty pharmacy once you have a health plan. Most specialty drugs are covered if you need them.
- Review the drug tier chart to see where your medicines fall and how to save money.

Drug type		Cost
Tier 1	Preferred generic drugs	**$**
Tier 2	Preferred brand-name and newer, higher-cost generic drugs	**$$**
Tier 3	Nonpreferred brand-name and generic drugs	**$$$**
Tier 4	Preferred specialty drugs (brand name and generic)	**$$$$**

Your pharmacy options

You have choices for filling your prescriptions, including local retail pharmacies in your plan's network and convenient home delivery with CarelonRx Pharmacy. If you use a specialty medicine, it will need to be filled through our specialty pharmacy.

The **Base Network** is our national pharmacy network with nearly 62,000 retail pharmacies across the country. To find a pharmacy, visit **anthem.com/pharmacyinformation/rxnetworks.html** and choose the Base Network list.

Save with a 90-day supply

Retail 90: Receive a 90-day fill of the medicines you take regularly at a participating retail pharmacy. You can save money and time with fewer trips to the pharmacy and stay on top of your medicine easier by switching to a 90-day supply.

Plan extras and workplace perks

Extra benefits that support your whole health

Once you enroll in your Anthem health plan, you'll have access to a variety of programs and resources — at no added cost. These programs will help you to improve your overall health, save on the cost of care, and better manage a health condition if you have one.

Condition support

Managing a health condition can be hard, which is why we have programs to help you coordinate care and manage your care more easily. Whether you're managing diabetes, heart disease, or asthma, help is just a call, tap, or click away.

24/7 NurseLine

A registered nurse is available to answer your health questions anytime, day or night. They can help you decide where to go for care and find doctors and other healthcare professionals in your area.

Autism Spectrum Disorder Program

This program focuses on building a strong support system for the entire family. A specialized team of clinicians will work with you to create a customized care plan, help coordinate care, and connect you with resources in your community.

Case Management

A care management team will reach out to help you as you transition home from surgery or if you have a serious health condition. They'll answer your questions about your follow-up care, medicines, or treatment options, coordinate benefits for home therapy or medical supplies, and find community resources for you.

ConditionCare CORE

A dedicated care management team, including dietitians, health educators, and pharmacists, is available to help you learn about and manage chronic health conditions, such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, heart disease, or heart failure.



Diabetes Prevention Program

ABCBS offers you this 12-month program at no extra cost as part of your health plan. This prevention program can help you lose weight and lower your risk of developing type 2 diabetes. It's flexible, customized for you, and follows guidelines from the Centers for Disease Control and Prevention (CDC) to help you make small changes that can improve your health.

Maternity

Our maternity programs help support you no matter where you're at in your parenting journey. From planning a family to raising small children, there's resources available to help you thrive.

Building Healthy Families

Offering 24/7 digital support, Building Healthy Families is here to help your family with everything from preconception and pregnancy to childbirth and early childhood. The program features an extensive content library to support diverse families, including single parents and same-sex and multicultural couples. You'll have access to a library and other tools, such as fertility, diaper change and feeding trackers, due date calculators, and blood pressure monitoring.

Behavioral health

When life gets tough, it can be hard to remember you're not alone. Your Anthem health benefits include a variety of support for your mental health and emotional wellbeing, which can help you take better care of all the other things that matter in your life.

Emotional Well-being Resources, Administered by Learn to Live*

Emotional Well-being Resources is here to help you identify the thoughts and behavior patterns that affect your emotional well being — and work through them with online programs and personalized coaching. Learn effective ways to manage stress, depression, anxiety, and sleep issues.

*Learn to live is an independent company offering online tools and programs for behavioral health support. Learn to Live is an education program and should not be considered medical treatment.

Whole health connections

Staying on top of your health is important but can sometimes be hard to do on your own. We connect you to the right resources that can help you more easily meet your goals.

MyHealth Advantage

Stay healthy and save money with this no-cost service that can remind you when you need to refill a prescription or have a checkup, test, or exam. You'll also receive personalized and confidential MyHealth Notes.

SmartShopper®

This program helps you earn cash rewards for choosing low-cost, quality care providers. It also helps to lower your out-of-pocket costs for covered medical procedures or screenings. When your doctor recommends a procedure or test, you'll have access to a SmartShopper Personal Assistant Team.

SpecialOffers

SpecialOffers features discounts on a variety of programs that help promote better health and well-being. Discounts are available on products and services for dental, vision, hearing, weight loss, fitness, family planning, pet insurance, health supplements, and skincare.

Workplace extras

Your workplace extras provide additional benefits and layers of support to help you no matter what life brings your way.

Employee Assistance Program

When you or those in your household face personal or work-related challenges, such as a family concern, work situation, or financial question, your Employee Assistance Program (EAP) is available to help you anytime, from anywhere.

Plan tools and resources

Make the most of your benefits

Your health plan comes with tools and resources that make it easier to access your benefits and find care.

Find Care

Our **Find Care** tool is a great way to find care providers in your health plan's network. Even if you haven't yet enrolled, using this tool to see if your current care providers are in the plan's network can help you make the right choice during open enrollment and save you money on care. Search by the doctor's name or specialty, type of procedure, or facility.

If you don't yet have an Anthem health plan, you can still access the Find Care tool on **anthem.com/find-care** and search as a guest.

- Select **Basic search**.
- Select the type of plan or network — **Medical Plan or Network** — then select the state in which your employer's plan is contracted. Most often it's where the company's headquarters are located.
- Select how you get health insurance, which is Medical (Employer Sponsored).
- Choose a plan or network by entering the Blue Access PPO. Then select the **Continue** button.
- Enter your *city*, *county*, or *ZIP code*. You also can search by doctor or procedure, as well as using other care-related terms.
- View results.

Sydney℠ Health app

Once you have an Anthem health plan, you'll be able to access your benefits and digital health plan ID card, wellness resources, and the **Find Care** tool with the **Sydney℠ Health** app.

The app brings your benefits and health information together in one convenient place and works with you to guide you to better overall health.

Your summary of benefits

NRP Investments LLC

Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Access PPO $2,000

Your Network: Blue Access

Effective Date: 7/1/2026

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge medical deductible does not apply
Mental Health & Substance Use Disorder Services	No charge medical deductible does not apply
Specialist care	$70 copay per visit medical deductible does not apply

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Overall Deductible	$2,000 person / $6,000 family	$3,500 person / $10,500 family
Overall Out-of-Pocket Limit	$6,000 person / $12,000 family	$12,000 person / $24,000 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 deductibles and 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).*		
Primary Care (PCP) and Mental Health and Substance Use Disorder Services *virtual and office*	$40 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Specialist Provider *virtual and office*	$70 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Other Practitioner Visits		
Maternity Doctor services (prenatal/postpartum care and delivery)	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Retail Health Clinic *for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.*	$40 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Other Services in an Office		
Allergy Testing *When Allergy injections are billed separately by network providers, the member is responsible for no cost share. When billed as part of an office visit, there is no additional cost to the member for the injection.*	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Prescription Drugs *Dispensed in the office*	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Surgery	$70 copay per visit medical deductible does not apply‡	40% coinsurance after medical deductible is met
Preventive care / screenings / immunizations	No charge	40% coinsurance after medical deductible is met
Preventive Care for Chronic Conditions *per IRS guidelines*	No charge	Cost share is based on the setting services are received.
Diagnostic Services Lab		
Office	No charge	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Diagnostic Services X-Ray		
Office	No charge	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Diagnostic Services Advanced Diagnostic Imaging *for example: MRI, PET and CAT scans*		
Office	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Emergency and Urgent Care		
Urgent Care *includes doctor services. Additional charges may apply depending on the care provided.*	$75 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Emergency Room Facility Services *Your copay will be waived if admitted.*	$250 copay per visit and 20% coinsurance medical deductible does not apply	Covered as In-Network
Emergency Room Doctor and Other Services	20% coinsurance medical deductible does not apply	Covered as In-Network
Ambulance	20% coinsurance after medical deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility		
Facility Fees	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Doctor Services	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Outpatient Surgery		
Facility Fees		
Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Physician and other services *including surgeon fees*		
Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)		
Facility Fees	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Human Organ and Tissue Transplants *Cornea transplants are treated as medical procedures, with benefits and cost sharing determined by the setting in which the services are received. You must get certain covered transplant procedures from an Approved In-Network Provider to receive the In-Network level of benefits.*	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Physician and other services *including surgeon fees*	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Home Health Care *Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.*	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Therapy Services		
Rehabilitation and Habilitation services *including physical, occupational and speech therapies.* *Coverage for physical, occupational, and speech therapies is limited to 60 visits each per benefit period.*		
Office	$70 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Manipulation Therapy *Coverage is limited to 20 visits per benefit period.*		
Office	$70 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Pulmonary rehabilitation *Coverage is unlimited visits per benefit period.*		
Office	$70 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Cardiac rehabilitation *Coverage is unlimited visits per benefit period.*		
Office	$70 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Dialysis/Hemodialysis		
Office	$70 copay per visit medical deductible does not apply	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Chemo/Radiation Therapy		
Office	$70 copay per visit medical deductible does not apply‡	40% coinsurance after medical deductible is met
Outpatient Hospital	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Skilled Nursing Care (facility) *Coverage for Skilled Nursing and Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 150 days combined per benefit period.*	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Inpatient Hospice	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Additional Services, Equipment and Devices		
Durable Medical Equipment	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Prosthetic Devices	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met
Wigs *Coverage for wigs is limited to 1 item after cancer treatment per benefit period.*	20% coinsurance after medical deductible is met	40% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
Pharmacy Deductible *In-Network is separate from Out-of-Network Pharmacies*	Not applicable	Not applicable
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with Out-of-Network medical out-of-pocket limit
Prescription Drug Coverage **Network:** ***Base Network*** **Drug List:** ***Essential*** *Drugs not included on the Essential drug list will not be covered.*		
Day Supply Limits: **Retail Pharmacy** *30 day supply (cost shares noted below)* **Retail 90 Pharmacy** *90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies).* **Home Delivery Pharmacy** *90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.* **Specialty Pharmacy** *30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.*		
Preventive Drugs *No deductible, copayment or coinsurance applies to prescription drugs on the PreventiveRx Plus drug list when you use an In-Network Pharmacy.*		
Tier 1 - Typically Generic	$10 copay per prescription (retail) and $20 copay per prescription (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 2 - Typically Preferred Brand	$40 copay per prescription (retail) and $80 copay per prescription (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand	$75 copay per prescription (retail) and $150 copay per prescription (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic)	25% coinsurance up to $250 per prescription (retail and home delivery)	50% coinsurance (retail) and Not covered (home delivery)

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
This is a brief outline of your vision coverage. To receive the In-Network benefit, you must use a Blue View Vision Provider. Only children's vision services count towards your out-of-pocket limit.		
Children's Vision exam (up to age 19) *Limited to 1 exam per benefit period.*	No charge	$0 copayment up to plan's Maximum Allowed Amount
Adult Vision exam (age 19 and older) *Limited to 1 exam per benefit period.*	No charge	Reimbursed Up to $42

Notes:

- Dependent Age Limit: to the end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using Out-of-Network Providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible / copayment / coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing an Out-of-Network Provider, the member is responsible for any balance due after the plan payment.
- The Primary Care Physician and Specialist office visit copay applies to both office and facility based office visits for evaluation and management services only.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- ‡ You will pay your PCP or Specialist office visit copay for certain services provided in their office.
- If you have received Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services" which is generally coinsurance or coinsurance after your deductible is met.
- Ohio's House Bill 388 and the Federal No Surprises Act establish patient protections including from Out-of-Network Providers' surprise bills ("balance billing") for Emergency Care and other specified items or services. We will comply with these new state and federal requirements including how we process claims from certain Out-of-Network Providers.
- Benefit Period = Plan Year

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

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Your summary of benefits

NRP Investments LLC

Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Access PPO $7,000

Your Network: Blue Access

Effective Date: 7/1/2026

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge medical deductible does not apply
Mental Health & Substance Use Disorder Services	No charge medical deductible does not apply
Specialist care	$70 copay per visit medical deductible does not apply

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Overall Deductible	$7,000 person / $14,000 family	$11,000 person / $22,000 family
Overall Out-of-Pocket Limit	$8,900 person / $17,800 family	$22,250 person / $44,500 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 deductibles and 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).*		
Primary Care (PCP) and Mental Health and Substance Use Disorder Services *virtual and office*	$40 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Specialist Provider *virtual and office*	$70 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Other Practitioner Visits		
Maternity Doctor services (prenatal/postpartum care and delivery)	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Retail Health Clinic *for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.*	$40 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Other Services in an Office		
Allergy Testing *When Allergy injections are billed separately by network providers, the member is responsible for no cost share. When billed as part of an office visit, there is no additional cost to the member for the injection.*	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Prescription Drugs *Dispensed in the office*	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Surgery	$70 copay per visit medical deductible does not apply‡	50% coinsurance after medical deductible is met
Preventive care / screenings / immunizations	No charge	50% coinsurance after medical deductible is met
Preventive Care for Chronic Conditions *per IRS guidelines*	No charge	Cost share is based on the setting services are received.
Diagnostic Services Lab		
Office	No charge	50% coinsurance after medical deductible is met
Outpatient Hospital	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Diagnostic Services X-Ray		
Office	No charge	50% coinsurance after medical deductible is met
Outpatient Hospital	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Diagnostic Services Advanced Diagnostic Imaging *for example: MRI, PET and CAT scans*		
Office	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Outpatient Hospital	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Emergency and Urgent Care		
Urgent Care *includes doctor services. Additional charges may apply depending on the care provided.*	$75 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Emergency Room Facility Services *Your copay will be waived if admitted.*	$250 copay per visit and 30% coinsurance medical deductible does not apply	Covered as In-Network
Emergency Room Doctor and Other Services	30% coinsurance medical deductible does not apply	Covered as In-Network
Ambulance	30% coinsurance after medical deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility		
Facility Fees	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Doctor Services	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Outpatient Surgery		
Facility Fees		
Hospital	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Physician and other services *including surgeon fees*		
Hospital	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)		
Facility Fees	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Human Organ and Tissue Transplants *Cornea transplants are treated as medical procedures, with benefits and cost sharing determined by the setting in which the services are received. You must get certain covered transplant procedures from an Approved In-Network Provider to receive the In-Network level of benefits.*	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Physician and other services *including surgeon fees*	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Home Health Care *Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.*	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Therapy Services		
Rehabilitation and Habilitation services *including physical, occupational and speech therapies.* *Coverage for physical, occupational, and speech therapies is limited to 60 visits each per benefit period.*		
Office	$70 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Manipulation Therapy *Coverage is limited to 20 visits per benefit period.*		
Office	$70 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Pulmonary rehabilitation *Coverage is unlimited visits per benefit period.*		
Office	$70 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Cardiac rehabilitation *Coverage is unlimited visits per benefit period.*		
Office	$70 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Dialysis/Hemodialysis		
Office	$70 copay per visit medical deductible does not apply	50% coinsurance after medical deductible is met
Outpatient Hospital	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Chemo/Radiation Therapy		
Office	$70 copay per visit medical deductible does not apply‡	50% coinsurance after medical deductible is met
Outpatient Hospital	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Skilled Nursing Care (facility) *Coverage for Skilled Nursing and Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 150 days combined per benefit period.*	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Inpatient Hospice	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Additional Services, Equipment and Devices		
Durable Medical Equipment	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Prosthetic Devices	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met
Wigs *Coverage for wigs is limited to 1 item after cancer treatment per benefit period.*	30% coinsurance after medical deductible is met	50% coinsurance after medical deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
Pharmacy Deductible *In-Network is separate from Out-of-Network Pharmacies*	Not applicable	Not applicable
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with Out-of-Network medical out-of-pocket limit
Prescription Drug Coverage **Network:** ***Base Network*** **Drug List:** ***Essential*** *Drugs not included on the Essential drug list will not be covered.*		
Day Supply Limits: **Retail Pharmacy** *30 day supply (cost shares noted below)* **Retail 90 Pharmacy** *90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies).* **Home Delivery Pharmacy** *90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.* **Specialty Pharmacy** *30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.*		
Preventive Drugs *No deductible, copayment or coinsurance applies to prescription drugs on the PreventiveRx Plus drug list when you use an In-Network Pharmacy.*		
Tier 1 - Typically Generic	$15 copay per prescription (retail) and $30 copay per prescription (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 2 - Typically Preferred Brand	$40 copay per prescription (retail) and $80 copay per prescription (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand	$80 copay per prescription (retail) and $160 copay per prescription (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic)	25% coinsurance up to $250 per prescription (retail and home delivery)	50% coinsurance (retail) and Not covered (home delivery)

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
This is a brief outline of your vision coverage. To receive the In-Network benefit, you must use a Blue View Vision Provider. Only children's vision services count towards your out-of-pocket limit.		
Children's Vision exam (up to age 19) *Limited to 1 exam per benefit period.*	No charge	$0 copayment up to plan's Maximum Allowed Amount
Adult Vision exam (age 19 and older) *Limited to 1 exam per benefit period.*	No charge	Reimbursed Up to $42

Notes:

- Dependent Age Limit: to the end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using Out-of-Network Providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible / copayment / coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing an Out-of-Network Provider, the member is responsible for any balance due after the plan payment.
- The Primary Care Physician and Specialist office visit copay applies to both office and facility based office visits for evaluation and management services only.
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- ‡ You will pay your PCP or Specialist office visit copay for certain services provided in their office.
- If you have received Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services" which is generally coinsurance or coinsurance after your deductible is met.
- Ohio's House Bill 388 and the Federal No Surprises Act establish patient protections including from Out-of-Network Providers' surprise bills ("balance billing") for Emergency Care and other specified items or services. We will comply with these new state and federal requirements including how we process claims from certain Out-of-Network Providers.
- Benefit Period = Plan Year

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

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Your summary of benefits

NRP Investments LLC

Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Access PPO HSA $4,000

Your Network: Blue Access

Effective Date: 7/1/2026

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge after deductible is met
Mental Health & Substance Use Disorder Services	No charge after deductible is met
Specialist care	No charge after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Overall Deductible	$4,000 person / $8,000 family	$8,000 person / $16,000 family
Overall Out-of-Pocket Limit	$4,000 person / $8,000 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 deductibles and 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).*		
Primary Care (PCP) and Mental Health and Substance Use Disorder Services *virtual and office*	No charge after deductible is met	30% coinsurance after deductible is met
Specialist Provider *virtual and office*	No charge after deductible is met	30% coinsurance after deductible is met
Other Practitioner Visits		
Maternity Doctor services (prenatal/postpartum care and delivery)	No charge after deductible is met	30% coinsurance after deductible is met
Retail Health Clinic *for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.*	No charge after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Other Services in an Office		
Allergy Testing	No charge after deductible is met	30% coinsurance after deductible is met
Prescription Drugs *Dispensed in the office*	No charge after deductible is met	30% coinsurance after deductible is met
Surgery	No charge after deductible is met	30% coinsurance after deductible is met
Preventive care / screenings / immunizations	No charge	30% coinsurance after deductible is met
Preventive Care for Chronic Conditions *per IRS guidelines*	No charge	Cost share is based on the setting services are received.
Diagnostic Services Lab		
Office	No charge after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	No charge after deductible is met	30% coinsurance after deductible is met
Diagnostic Services X-Ray		
Office	No charge after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	No charge after deductible is met	30% coinsurance after deductible is met
Diagnostic Services Advanced Diagnostic Imaging *for example: MRI, PET and CAT scans*		
Office	No charge after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	No charge after deductible is met	30% coinsurance after deductible is met
Emergency and Urgent Care		
Urgent Care *includes doctor services. Additional charges may apply depending on the care provided.*	No charge after deductible is met	30% coinsurance after deductible is met
Emergency Room Facility Services	No charge after deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	No charge after deductible is met	Covered as In-Network
Ambulance	No charge after deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility		
Facility Fees	No charge after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Doctor Services	No charge after deductible is met	30% coinsurance after deductible is met
Outpatient Surgery		
Facility Fees		
Hospital	No charge after deductible is met	30% coinsurance after deductible is met
Physician and other services *including surgeon fees*		
Hospital	No charge after deductible is met	30% coinsurance after deductible is met
Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)		
Facility Fees	No charge after deductible is met	30% coinsurance after deductible is met
Human Organ and Tissue Transplants *Cornea transplants are treated as medical procedures, with benefits and cost sharing determined by the setting in which the services are received. You must get certain covered transplant procedures from an Approved In-Network Provider to receive the In-Network level of benefits.*	No charge after deductible is met	30% coinsurance after deductible is met
Physician and other services *including surgeon fees*	No charge after deductible is met	30% coinsurance after deductible is met
Home Health Care *Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.*	No charge after deductible is met	30% coinsurance after deductible is met
Therapy Services		
Rehabilitation and Habilitation services *including physical, occupational and speech therapies.* *Coverage for physical, occupational, and speech therapies is limited to 60 visits each per benefit period.*		
Office	No charge after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	No charge after deductible is met	30% coinsurance after deductible is met
Manipulation Therapy *office and outpatient hospital* *Coverage is limited to 20 visits per benefit period.*	No charge after deductible is met	30% coinsurance after deductible is met
Pulmonary rehabilitation *office and outpatient hospital* *Coverage is unlimited visits per benefit period.*	No charge after deductible is met	30% coinsurance after deductible is met
Cardiac rehabilitation *office and outpatient hospital* *Coverage is unlimited visits per benefit period.*	No charge after deductible is met	30% coinsurance after deductible is met
Dialysis/Hemodialysis *office and outpatient hospital*	No charge after deductible is met	30% coinsurance after deductible is met
Chemo/Radiation Therapy *office and outpatient hospital*	No charge after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Skilled Nursing Care (facility) *Coverage for Skilled Nursing and Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 150 days combined per benefit period.*	No charge after deductible is met	30% coinsurance after deductible is met
Inpatient Hospice	No charge after deductible is met	30% coinsurance after deductible is met
Additional Services, Equipment and Devices		
Durable Medical Equipment	No charge after deductible is met	30% coinsurance after deductible is met
Prosthetic Devices	No charge after deductible is met	30% coinsurance after deductible is met
Wigs *Coverage for wigs is limited to 1 item after cancer treatment per benefit period.*	No charge after deductible is met	30% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
Pharmacy Deductible	Combined with In-Network medical deductible	Combined with Out-of-Network medical deductible
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with Out-of-Network medical out-of-pocket limit
Prescription Drug Coverage **Network:** ***Base Network*** **Drug List:** ***Essential*** *Drugs not included on the Essential drug list will not be covered.*		
Day Supply Limits: **Retail Pharmacy** *30 day supply (cost shares noted below)* **Retail 90 Pharmacy** *90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies).* **Home Delivery Pharmacy** *90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.* **Specialty Pharmacy** *30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.*		
Preventive Drugs *No deductible, copayment or coinsurance applies to prescription drugs on the PreventiveRX Plus drug list when you use an In-Network Pharmacy.*		
Tier 1 - Typically Generic	No charge after deductible is met (retail and home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 - Typically Preferred Brand	No charge after deductible is met (retail and home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand	No charge after deductible is met (retail and home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic)	No charge after deductible is met (retail and home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
This is a brief outline of your vision coverage. To receive the In-Network benefit, you must use a Blue View Vision Provider. Only children's vision services count towards your out-of-pocket limit.		
Children's Vision exam (up to age 19) *Limited to 1 exam per benefit period.*	No charge	$0 copayment up to plan's Maximum Allowed Amount
Adult Vision exam (age 19 and older) *Limited to 1 exam per benefit period.*	No charge	Reimbursed Up to $42

Notes:

- Dependent Age Limit: to the end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using Out-of-Network Providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible / copayment / coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing an Out-of-Network Provider, the member is responsible for any balance due after the plan payment.
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- Ohio's House Bill 388 and the Federal No Surprises Act establish patient protections including from Out-of-Network Providers' surprise bills ("balance billing") for Emergency Care and other specified items or services. We will comply with these new state and federal requirements including how we process claims from certain Out-of-Network Providers.
- Benefit Period = Plan Year

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Your summary of benefits

NRP Investments LLC

Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Blue Access PPO HSA $5,000

Your Network: Blue Access

Effective Date: 7/1/2026

Visits with Virtual Care-Only Providers	Cost through our mobile app and website
Primary Care, and medical services for urgent/acute care	No charge after deductible is met
Mental Health & Substance Use Disorder Services	No charge after deductible is met
Specialist care	20% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Overall Deductible	$5,000 person / $10,000 family	$15,000 person / $30,000 family
Overall Out-of-Pocket Limit	$6,900 person / $13,800 family	$20,700 person / $41,400 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 deductibles and 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).*		
Primary Care (PCP) and Mental Health and Substance Use Disorder Services *virtual and office*	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Specialist Provider *virtual and office*	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Other Practitioner Visits		
Maternity Doctor services (prenatal/postpartum care and delivery)	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Retail Health Clinic *for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.*	20% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Other Services in an Office		
Allergy Testing	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Prescription Drugs *Dispensed in the office*	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Surgery	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Preventive care / screenings / immunizations	No charge	50% coinsurance after deductible is met
Preventive Care for Chronic Conditions *per IRS guidelines*	No charge	Cost share is based on the setting services are received.
Diagnostic Services Lab		
Office	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Diagnostic Services X-Ray		
Office	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Diagnostic Services Advanced Diagnostic Imaging *for example: MRI, PET and CAT scans*		
Office	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Emergency and Urgent Care		
Urgent Care	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Emergency Room Facility Services	20% coinsurance after deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	20% coinsurance after deductible is met	Covered as In-Network
Ambulance	20% coinsurance after deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder Services at a Facility		
Facility Fees	20% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Doctor Services	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Surgery		
Facility Fees		
Hospital	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Physician and other services *including surgeon fees*		
Hospital	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Hospital (Including Maternity, Mental Health and Substance Use Disorder Services)		
Facility Fees	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Human Organ and Tissue Transplants *Cornea transplants are treated as medical procedures, with benefits and cost sharing determined by the setting in which the services are received. You must get certain covered transplant procedures from an Approved In-Network Provider to receive the In-Network level of benefits.*	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Physician and other services *including surgeon fees*	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Home Health Care *Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.*	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Therapy Services		
Rehabilitation and Habilitation services *including physical, occupational and speech therapies.* *Coverage for physical, occupational, and speech therapies is limited to 60 visits each per benefit period.*		
Office	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Manipulation Therapy *office and outpatient hospital* *Coverage is limited to 20 visits per benefit period.*	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Pulmonary rehabilitation *office and outpatient hospital* *Coverage is unlimited visits per benefit period.*	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Cardiac rehabilitation *office and outpatient hospital* *Coverage is unlimited visits per benefit period.*	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Dialysis/Hemodialysis *office and outpatient hospital*	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Chemo/Radiation Therapy *office and outpatient hospital*	20% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
Skilled Nursing Care (facility) *Coverage for Skilled Nursing and Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 150 days combined per benefit period.*	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Inpatient Hospice	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Additional Services, Equipment and Devices		
Durable Medical Equipment	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Prosthetic Devices	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Wigs *Coverage for wigs is limited to 1 item after cancer treatment per benefit period.*	20% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use an Out-of-Network Pharmacy
Pharmacy Deductible	Combined with In-Network medical deductible	Combined with Out-of-Network medical deductible
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Combined with Out-of-Network medical out-of-pocket limit
Prescription Drug Coverage **Network:** ***Base Network*** **Drug List:** ***Essential*** *Drugs not included on the Essential drug list will not be covered.*		
Day Supply Limits: **Retail Pharmacy** *30 day supply (cost shares noted below)* **Retail 90 Pharmacy** *90 day supply (3 times the 30 day supply cost share(s) charged at In-Network Retail Pharmacies noted below applies).* **Home Delivery Pharmacy** *90 day supply (maximum cost shares noted below). Maintenance medications are available through our home delivery pharmacy. You will need to call us on the number on your ID card to sign up when you first use the service.* **Specialty Pharmacy** *30 day supply (cost shares noted below for retail and home delivery apply). We may require certain drugs with special handling, provider coordination or patient education be filled by our designated specialty pharmacy.*		
Preventive Drugs *No deductible, copayment or coinsurance applies to prescription drugs on the PreventiveRX Plus drug list when you use an In-Network Pharmacy.*		
Tier 1 - Typically Generic	20% coinsurance after deductible is met (retail and home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 - Typically Preferred Brand	20% coinsurance after deductible is met (retail and home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand	20% coinsurance after deductible is met (retail and home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic)	20% coinsurance after deductible is met (retail and home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use an Out-of-Network Provider
This is a brief outline of your vision coverage. To receive the In-Network benefit, you must use a Blue View Vision Provider. Only children's vision services count towards your out-of-pocket limit.		
Children's Vision exam (up to age 19) *Limited to 1 exam per benefit period.*	No charge	$0 copayment up to plan's Maximum Allowed Amount
Adult Vision exam (age 19 and older) *Limited to 1 exam per benefit period.*	No charge	Reimbursed Up to $42

Notes:

- Dependent Age Limit: to the end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using Out-of-Network Providers. Precertification will help the member know if the services are considered not medically necessary.
- No charge means no deductible / copayment / coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing an Out-of-Network Provider, the member is responsible for any balance due after the plan payment.
- If you have an office visit with your Primary Care Physician or Specialist at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under "Outpatient Facility Services".
- Costs may vary by the site of service. Other cost shares may apply depending on services provided. Check your Certificate of Coverage for details.
- The limits for physical, occupational, and speech therapy, if any apply to this plan, will not apply if you get care as part of the Mental Health and Substance Use Disorder benefit.
- Ohio's House Bill 388 and the Federal No Surprises Act establish patient protections including from Out-of-Network Providers' surprise bills ("balance billing") for Emergency Care and other specified items or services. We will comply with these new state and federal requirements including how we process claims from certain Out-of-Network Providers.
- Benefit Period = Plan Year

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

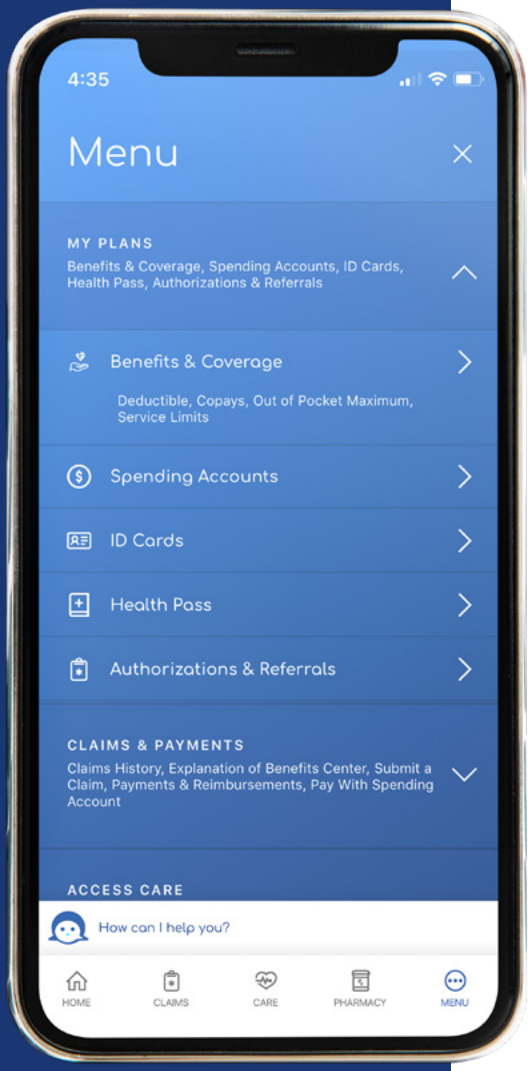
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Questions: (833) 639-1634 or visit us at www.anthem.com



Track your health and benefits with the Sydney Health app

Check out these app features



Sydney® Health helps manage your health and benefits anywhere. Scan the QR code on this flyer to download the app. Then from *Menu*, access these highlights:

My Plans

Benefits & Coverage

Select your plan for details like your deductible, out-of-pocket maximum, and coinsurance (your percentage of the costs).

ID Cards

Access your digital member ID card.

Claims & Payments

Visit the Explanation of Benefits Center, submit a claim, and see your claims history.

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Access Care

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network. Filter by gender, languages spoken, or location. You can also compare costs.

Virtual Care

Access on-demand urgent care, scheduled primary care, behavioral health, and specialty services.

Community Resources

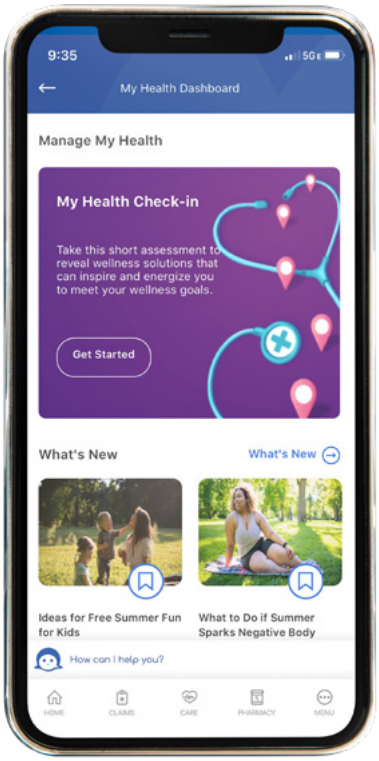
Find organizations that offer no- or low-cost programs to help with food, transportation, and childcare.

My Health Dashboard

Find health news, health and wellness tips, and personalized action plans. You can also sync your fitness tracker.

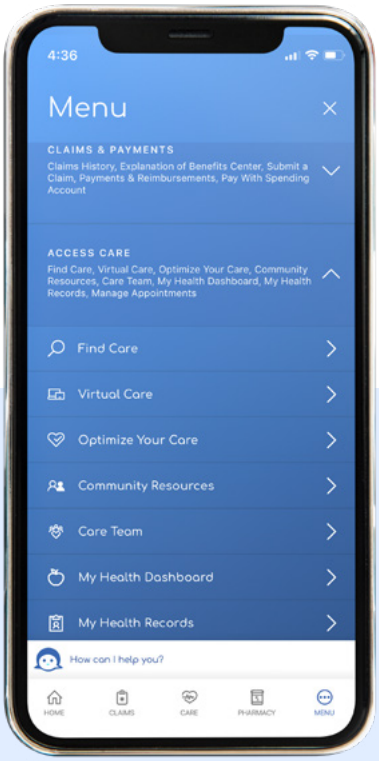
My Health Records

With a single profile, you can view, download, and share your family's health histories and electronic medical records.



Support

Choose **Live Chat** to chat online, **Contact Us** to talk directly to an Anthem Blue Cross and Blue Shield representative, and **Message Center** to send and receive messages. You can also find answers to common questions.



Connect with us now

sydney℠

Scan the QR code to download the Sydney Health app. You can also sign up at anthem.com/register to access most of the same features from your computer.

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In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

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

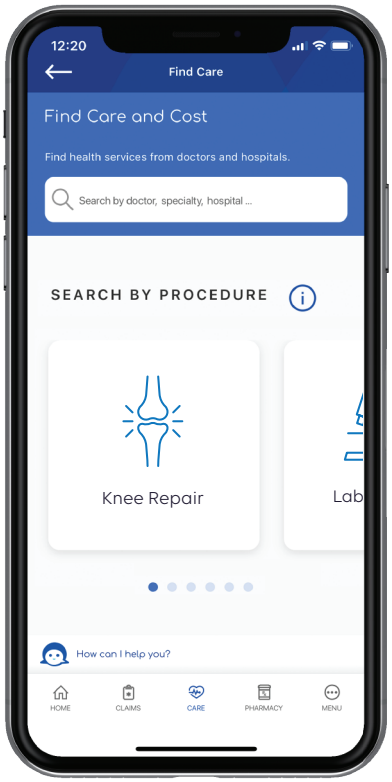
Other virtual care services offered through an arrangement with LiveHealth Online. LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.

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Find high-quality doctors nearby and compare costs

Choosing a doctor you trust is important — and choosing one in your plan's network helps lower your costs. The **Find Care** tool on the Sydney℠ Health app and **anthem.com** can help you do both.



Helping you find the right care

The **Find Care** tool brings together details about doctors in your plan's network. You can customize your search by name, location, specialty, or procedure. You also can compare information such as costs, languages spoken, and office hours.* To make sure a care provider is in your plan's network, view the doctor or facility profile.

To help you find care providers who would be a good fit for you, we sort your search results and provide the top three matches using **Personalized Match.** There are more options available below your top three, and you can always re-sort these search results by distance or name.

After viewing your initial search results, you can filter your results by selecting the relevant boxes on the left or browsing by list or map views.

Search by name, specialty, or procedure.

Customize and refine results.

Compare doctors and costs.

Download the Sydney Health app

Scan the QR code to download the Sydney Health app. Choose **Find Care and Cost** from the *Care* menu.

¿Prefieres obtener información en español? Tienes opciones. Si tu teléfono móvil ya está configurado en español, la aplicación Sydney Health también estará en español. Si no es así, selecciona el **menú** dentro de la aplicación Sydney Health y elige el **idioma de la aplicación.** También puedes visitar **anthem.com/es**.

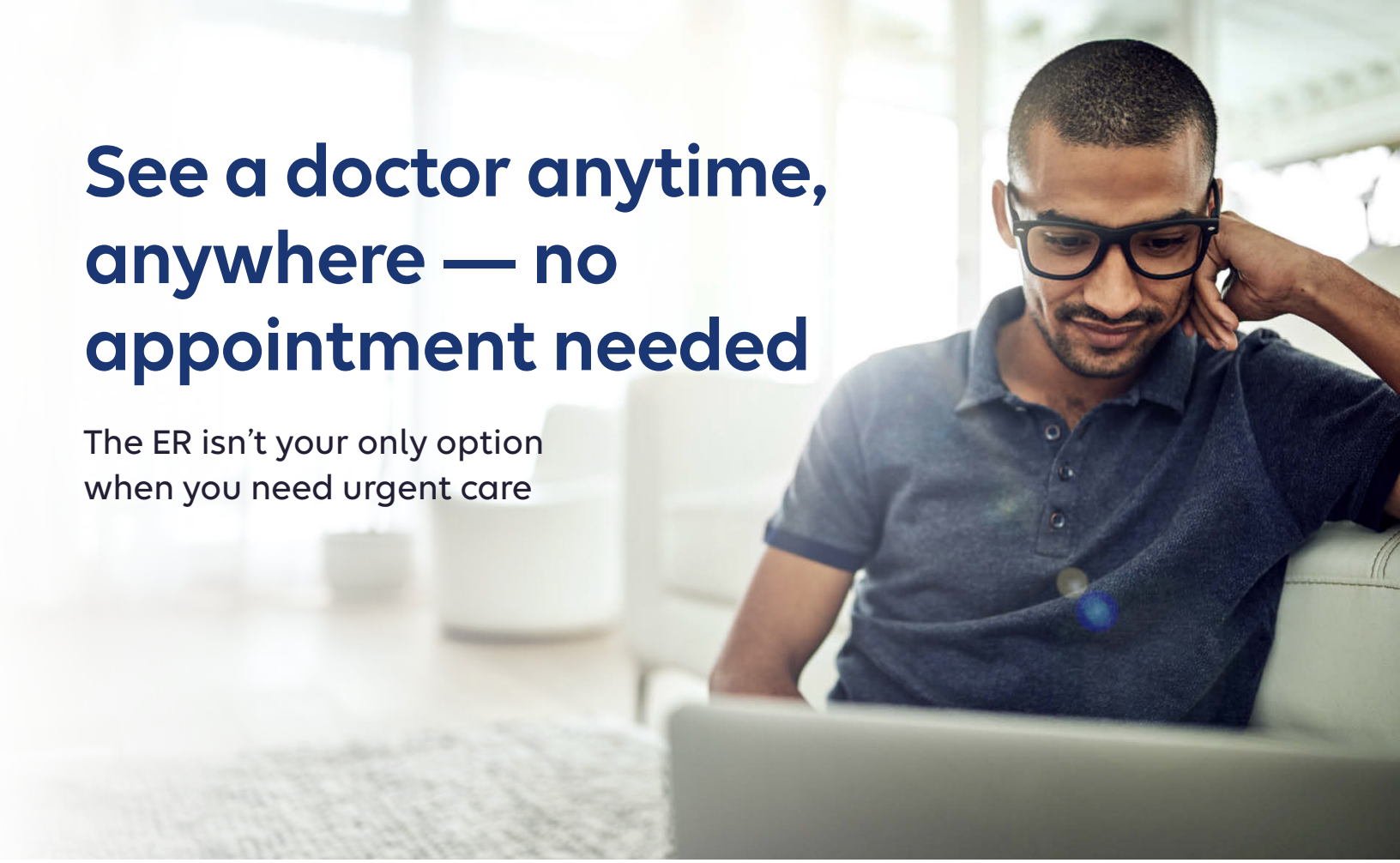
* On-screen experiences may vary by user due to personalization experiences, benefit packages, and ongoing user-experience improvements.

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In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

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See a doctor anytime, anywhere — no appointment needed

The ER isn't your only option when you need urgent care

If you think you're experiencing a life-threatening emergency or your health is in serious jeopardy, you should always call **911** or go to the emergency room (ER) immediately. However, if you need nonemergency care quickly but your primary care provider isn't available, it's important to know you have options besides the ER.

Now more than ever, people are turning to virtual care (also known as telehealth or telemedicine) from experienced doctors on their phones, tablets, and computers. It's a convenient, affordable choice when you want help right away with urgent issues.

Why virtual care?

24/7 help

Fast doctor visits through your phone tablet, or computer — no appointments or waiting rooms.

Affordable care

Virtual visits cost significantly less than a trip to the emergency room.[1]

Reliable care you can trust

Manage your urgent care needs and receive expert advice, treatment plans, and prescriptions.[2]

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What can virtual doctors treat?



Virtual doctors can typically treat conditions and symptoms including.[3]

- Colds.
- Sore throats.
- Headaches.
- Mild fevers.
- Stomachaches.
- Uncomplicated urinary tract infections (UTIs).
- Care management for certain chronic conditions.
- Sprained wrists, fingers, or ankles.
- Back pain.
- Joint pain.



As part of your treatment plan, your virtual doctor can also:

- Prescribe certain mediactions.
- Recommend specialists.
- Order lab tests.
- Tell you if it's time to seek care in person.
- Recommend over-the-counter mediactions or treatments.

Are you ready to try a virtual visit?

Next time you're not feeling well, telehealth may be able to help.

Download the sydney® Health app today.

Use the Sydney Health app for a virtual visit with a doctor 24/7. Video call with a doctor who can help you feel better — no appointment required.

Use your phone's camera to scan this QR code. You can also ask your primary care provider if they offer telehealth visits.

sydney®

Download on the App Store

GET IT ON Google Play

1 Costs are calculated according to the member's estimated out-of-pocket costs and average health plan copays. Care outside your network may cost more out of pocket. Call the Member Services number on your member ID card if you have questions about your plan.
2 Your doctor will prescribe you medications as they see fit.
3 If you believe you are having a life-threatening emergency or your health is in serious jeopardy, call 911 immediately.

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Manage your pharmacy benefits from anywhere



Your health plan includes pharmacy benefits to make managing your prescriptions easier and more affordable. Whether you take medicine every day or only rarely, our digital tools can help you get the most from your plan.

To start, log in to anthem.com or use the Sydney® Health app. You'll find real-time information about your prescriptions, like dosage, last fill date, and the number of fills you have left. You can also use helpful tools to:

Find a pharmacy

Choose a pharmacy in your plan's network using our Find a Pharmacy tool. You can:

- Pick from local options or home delivery.
- Save on your prescriptions by staying in network.
- Find specialty pharmacies for health conditions that require special medicine.

Compare drug prices

With our Price a Medication tool you can:

- Compare drug costs at different pharmacies.
- Find discounts.
- See what drugs your plan covers.

Check prior authorizations

Some medicines need an approval before you can get them. This helps make sure they're safe and appropriate. You can check if your prior authorization is:

- In progress, and what to expect next.
- Approved, and ready for your pharmacy to fill.
- Denied, along with the reason and how to appeal the decision.

Sign up for home delivery

With CarelonRx Pharmacy home delivery, you can:

- Enroll in automatic refills and reminders so you never miss a dose.
- Save time with no-extra-cost prescription delivery.
- Track orders in real time.

Explore your pharmacy digital tools

Log in to anthem.com or the Sydney Health app.

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Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan.
CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of your health plan.
Using CarelonRx Pharmacy is not required; it is an optional choice as part of your pharmacy network benefit through your health plan.

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Anthem

Skip the pharmacy with home delivery

Have your long-term medications sent to your home with CarelonRx Pharmacy

You can now get your long-term prescriptions delivered right to your home through CarelonRx Pharmacy. This service is a simple way to stay on track with medicines for conditions like high blood pressure, diabetes, heart disease, or asthma.

You don't need to make extra trips to the pharmacy — your medicine comes straight to your door, packed safely and on time. Standard shipping is free, and you can choose faster delivery if you need it.

You can also set up reminders and enroll in automatic refills, so you never miss a dose. Managing your health is easier when your medicine comes to you.

With home delivery, you can count on:

Convenience. Medications are delivered to your home or a preferred location.

Management. Use the **Sydney℠ Health** app or our website to track orders and set reminders.

- Enroll in auto refills so you don't need to remember to reorder. We'll contact your doctor to renew your prescriptions before they expire.

Savings. Costs may be lower with 90-day supplies, and standard shipping is free.

Peace of mind. Stay on track with your prescriptions and access 24/7 pharmacist support.

Start home delivery now

1. Log in to **anthem.com** or the **Sydney℠ Health** app. You can scan the QR code with your phone's camera and register your member account if you haven't already.
2. Go to the *Prescriptions* home page.
3. To transfer an existing prescription to home delivery, select *View Prescriptions*. For a new prescription, select *Request a New Home Delivery Prescription.*

We're here to help

If you have questions, you can reach out to us with the **Sydney Health** app, or you can call the CarelonRx Pharmacy Contact Center at **833-396-0309**.

* National Library of Medicine, National Center for Biotechnology: *A Retrospective Database Study Comparing Diabetes-Related Medication Adherence and Health Outcomes for Mail-Order Versus Community Pharmacy* (March 2019): ncbi.nlm.nih.gov.

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Services provided by CarelonRx, Inc. CarelonRx is an independent company providing pharmacy benefit management services on behalf of your health plan.
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Protecting your health and wellness

Discover no-cost programs that can help

Your health plan comes with programs to help you confidently care for your well-being. It doesn't matter what health issues you may be experiencing or even what stage of life you're in — there is a program for everyone.

ConditionCare

Managing chronic conditions, such as asthma, diabetes, chronic obstructive pulmonary disease (COPD), or heart disease requires extra care and attention. To help you be at your best, the ConditionCare program offers free resources, including:

- 24/7 phone access to nurses who can address your health questions and concerns.
- Support from healthcare professionals to help you reach your health goals.
- Educational guides and useful tools to help you learn more about a certain condition.

Connect with the support you need

- 24/7 NurseLine: **800-337-4770**
- ConditionCare: **866-962-1071**
- Find Building Healthy Families in your plan's mobile health app.

Anthem



Building Healthy Families

Whether trying to conceive, expecting a child, or in the thick of raising young children, Building Healthy Families offers personalized, digital support to help each family navigate their unique journey. You can find Building Healthy Families in your plan's mobile health app to do things like:

- Track baby's feedings, diaper changes, and developmental milestones.
- Monitor prenatal health risks and receive updates on your pregnancy progress.
- Explore a library with thousands of educational articles and videos.
- Connect with one-on-one pregnancy support in the app or over the phone.

24/7 NurseLine

When your allergies flare up on the weekend or your little one spikes a fever at 3 a.m., you can ask a registered nurse for advice by calling 24/7 NurseLine. Nurses are ready any time of the day or night to:

- Answer your questions.
- Recommend where to go for care when your doctor isn't available.
- Help you find healthcare professionals in your area.
- Enroll you and your dependents in health management programs.
- Remind you about important preventive screenings and exams.

Enroll today

1. Visit **anthem.com** or log in to Sydney Health.
2. Find *Featured Programs* at the bottom of the homepage.
3. Select **View All** then choose the **Building Healthy Families** tile.

You can also scan this QR code with your phone's camera to get started.

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

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Cancer Care Navigator

Specialized care for your unique needs





With a cancer diagnosis, it can be reassuring to know you have a partner to help you through it. Anthem's Cancer Care Navigator provides extra care, support, and guidance to people undergoing cancer treatment who also have other medical conditions.

Supplying help where it's needed

When you enroll in Cancer Care Navigator, a navigator serves as your partner throughout the process. They can help you:

- Build a complete care team, including mental health and pharmacy support.
- Develop a personalized plan to manage all your health conditions.
- Connect you to community resources such as transportation and support groups.

The program also comes with an app that features:

- 24/7 support through chat.
- Tools to help you check your symptoms and monitor your health.
- Resources to answer questions about your condition.

All of this is provided at no additional cost to you. Our goal is to ease your health complications and meet your everyday needs.

Learn more about the program

For an overview of Cancer Care Navigator, log in to **anthem.com** or your **Sydney**[SM] **Health** app.

1. Choose **My Health Dashboard** under **Menu**.
2. Find **Cancer Care Navigator** under **Programs**.

Connect with us

If you are interested in speaking with a navigator about Cancer Care Navigator, call **833-649-0669** or TTY/TDD at **711**. We're ready to listen and provide support.

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Your Employee Assistance Program

Large Group- Ohio

Your Employee Assistance Program (EAP) is here to help you and your household through difficult times. The following resources are private, confidential, and available to you 24/7 at no extra cost.[1]

Counseling and mental health

- Get 3 free visits for in-person or virtual counseling per person in your household, per issue each year.[2]

Work-life resources

- Find information on career, parenting, and balancing work and family.
- Find high-quality child, elder, and pet care.
- Receive special discounts on a range of products and services, including food, travel, and clothing.

Identity theft support

- Register to get help with identity monitoring and theft resolution to minimize or recover from the effects of identity theft.

Self-improvement resources

- Log in to take self-assessments, access the Guidance to Care tool, and get a list of EAP resources specific to your needs.

Legal and financial resources

- Book a no-cost consultation and receive a discounted rate from participating local attorneys on continued legal services.[3]
- Explore an online library of legal resources, forms, and essential documents.
- Have unlimited phone consults with a financial professional and access online financial calculators and budgeting tools.

24/7 crisis support

- Get in-the-moment support when experiencing a personal crisis.
- Find help with navigating resources and getting support if you're impacted by a tragedy or natural disaster.

Get the help you need, 24/7

- Visit **anthemeap.com/large-group-ohio.** You can also scan this QR code with your phone's camera.
- Call your EAP at **800-999-7222** for help with questions.

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1 In accordance with federal and state law, and professional ethical standards.

2 Appointments are subject to availability of a therapist. Online counseling is not appropriate for all kinds of problems. If you are in a crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 988 (National Suicide Prevention Lifeline) and ask for help. If your issue is an emergency, call 911 or go to the nearest emergency room.

3 Excludes business, benefits, or employment issues. The free half-hour consultations apply per legal issue, per year. You are eligible for a new consultation for each new issue yearly.

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

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

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Wellbeing Solutions



Focus on wellness and earn rewards up to $200

Complete activities to earn rewards

The Wellbeing Solutions program connects you with easy-to-use digital health and wellness tools that can help you stay your best. When you complete any of the employer-sponsored activities below, you'll earn rewards to put toward electronic gift cards for select retailers. Choose the activities you'd like to complete to receive up to $200.

Activity type	Activities	Amount
Digital & wellness activities Rewards are added to your account as you complete activities on the **Sydney℠ Health** app or on anthem.com.	Log in to your Anthem account	Up to $20 ($5 per quarter)
	Connect a fitness or lifestyle device	$5
	Complete a health assessment and receive tailored health recommendations	$20
	Complete action plans around eating healthy, weight management, and physical activity	Up to $25 ($5 per action plan)
	Track your steps	Up to $60 ($2 per 50,000 steps tracked)
	Complete Well-being Coach digital daily check-ins[1]	Up to $20 ($4 per milestone)
	Update your contact information	$15
	Select a primary care provider (PCP) in Sydney Health	$10
	Participate in Emotional Well-being Resources program	$5
	Log daily nutrition (at least 45 days per quarter)	Up to $12 ($3 per quarter)
	Use any Employee Assistance Program (EAP) service if your employer provides Anthem EAP.	$5

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Activity type	Activities	Amount
Preventive care Complete your annual screenings or wellness visits. Rewards are added to your account after your claim is processed (may take up to 60 days).	Have an annual preventive wellness exam or well-woman exam with your doctor	$25
	Get an annual cholesterol test (men ages 35 and older, women ages 40 and older, or upon doctor recommendation)	$20
	Have a colorectal cancer screening (ages 45 and older or upon doctor recommendation)	$25
	Have a routine mammogram (women ages 40 to 74 or upon doctor recommendation)	$25
	Have an annual eye exam[2]	$25
	Get an annual flu shot	$20
	Get an A1C lab test	$10

Activity type	Activities	Amount
Condition management Rewards are added to your account as you meet benchmarks or complete a program.	ConditionCare: Work one on one with your health coach and earn rewards for participating in and completing the program[3]	Up to $50 ($20/$30)
	Building Healthy Families: Help your family grow and thrive through the Sydney Health app and earn rewards for completing certain activities[4]	Up to $40 ($10 per milestone)
	Well-being Coach – Weight Management: Receive one-on-one coaching by phone as you complete your goal to earn a reward[5]	$25
	Well-being Coach – Tobacco Cessation: Receive one-on-one coaching by phone as you complete your goal to earn a reward[6]	$25
	Get a diabetic foot exam	$25
	Get a LDL or lipid diabetic lab test	$10
	Get a microalbumin and eGFR diabetic lab test	$10

Achieve your health goals with Well-being Coach

The Well-being Coach digital coaching app can help you maintain a healthy weight or quit tobacco, while improving your nutrition, exercise, mindfulness, and sleep. To access your Well-being Coach for personalized digital and phone support, go to the Sydney Health app or anthem.com.



Earn and redeem your rewards

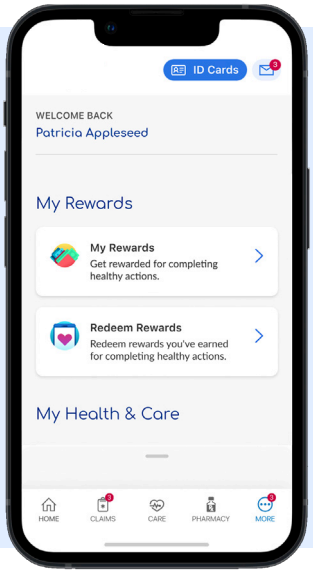
Start by logging in to Sydney Health and scroll down to *My Rewards*. From there you can:

Choose **My Rewards** to:

- Get a quick view of earning activities.
- See a snapshot of your reward status.

Choose Redeem Rewards to:

- Get electronic gift cards for stores like Amazon, Apple, Target, Uber, and others.[7]



Scan this QR code to view your rewards on the Sydney Health app. You can also log in to anthem.com, and scroll down to *My Rewards*.

1 Members may earn rewards for completing quarterly Well-being Coach digital milestones while logging daily check-in activities on the app. Daily check-in reward values are first check-in: $4; next 15 check-ins during first quarter: $4; 25 check-ins during second through fourth quarters: $4 each quarter. Log in to Sydney Health or anthem.com to download the Well-being Coach digital app. Well-being Coach is provided by Lark Health.

2 Annual eye exam reward is available if employer provides vision coverage in addition to medical benefits through Anthem.

3 Adult members identified as moderate or high risk are eligible for ConditionCare and may receive a reward for participation in one of five ConditionCare programs and completion for one of five ConditionCare programs: chronic obstructive pulmonary disease (COPD), coronary artery disease (CAD), asthma, diabetes, and congestive heart failure (CHF). Rewards include $20 for program participation and $30 for program completion.

4 Building Healthy Families milestone completion dates: BHF Pregnancy Screener must be completed by one day prior to delivery; at least one of six mini assessments must be completed by one day prior to delivery; postpartum assessment must be completed by 56 days after delivery. Rewards include $10 for profile completion; $10 for a BHF Pregnancy Screener; $10 for completing at least one of six mini assessments; and $10 for a postpartum assessment.

5 Well-being Coach Weight Management program (telephonic) is available for members who are identified as high risk based on a body mass index (BMI) of 30 or higher.

6 Well-being Coach Tobacco Cessation program (telephonic) is available for members who are identified as high risk based on any tobacco usage.

7 Retailers include Amazon, Apple, all Gap brands, Target, The Home Depot, T.J. Maxx, Uber, and Uber Eats. Monetary value varies by retailer.

We encourage you to actively participate in your rewards program. Rewards earned should be redeemed before the end of the current plan year. Unused rewards are forfeited six months after the end of your plan year. Make sure to redeem them before then.

All preventive care activities are claims based, which means your completion is determined when a claim is processed. Medical waivers apply to claim-based activities.

Rewards eligibility applies only to subscribers and their enrolled spouse/domestic partner (if applicable) with Anthem medical benefits unless employer chooses subscriber-only rewards. Eligible members must be active on the plan and their activity must take place during the plan year. A subscriber and eligible spouse/domestic partner may earn rewards when eligible activities are completed and, in some instances, are verified by an Anthem claim.

Rewards for completed preventive care activities are issued under the medical plan that pays for the claim. Rewards for completed condition management activities are issued under the medical plan that pays for the condition management benefit. Digital and wellness activity rewards can be issued under multiple medical plans, if you have dual Anthem coverage.

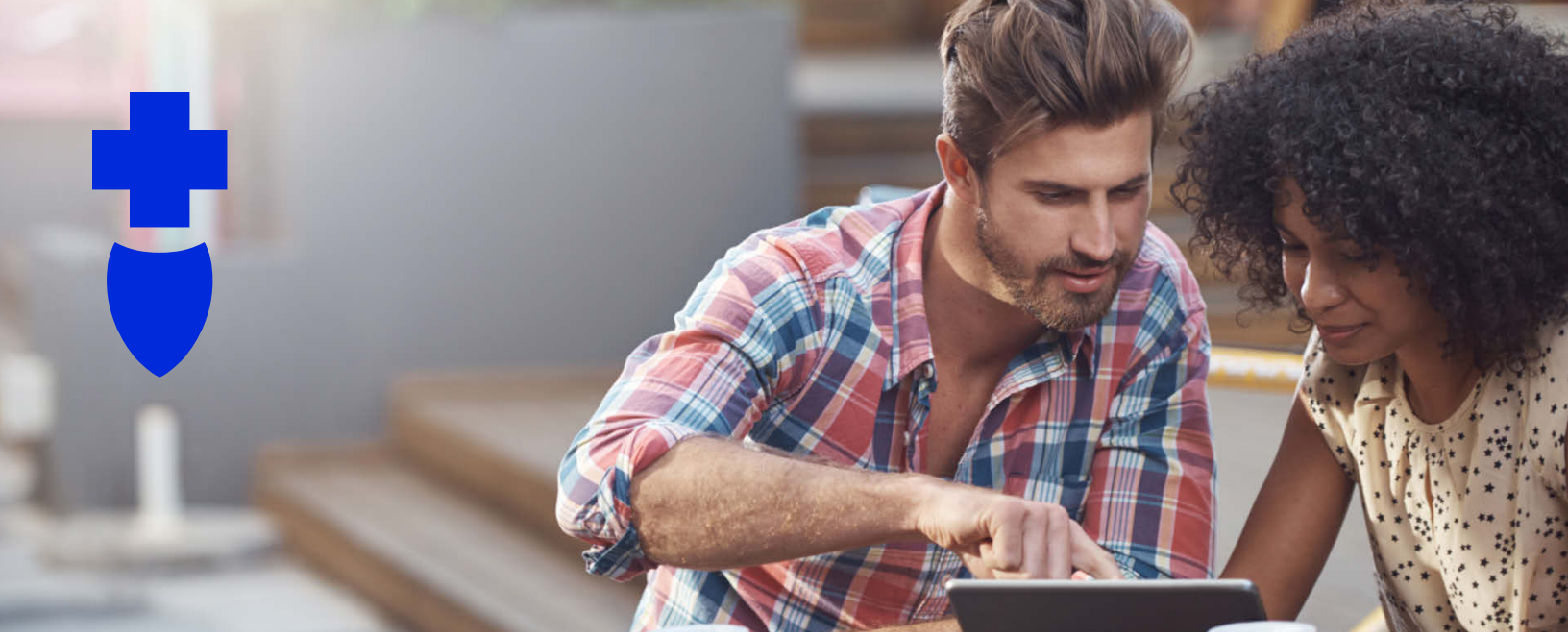
The reward amount you receive may be considered income to you and subject to state and federal taxes in the tax year it is paid. You should consult a tax expert with any questions regarding tax obligations.

Electronic gift card availability may vary. The list of retailers available for electronic gift card rewards redemption is subject to change. Log on to anthem.com or open the Sydney Health app to explore the electronic gift card options available to you.

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Know your costs before receiving care

Use SmartShopper to find high-quality care that costs less

Protecting your health is important — and so is protecting your budget. When you need care, such as blood work, an ultrasound, or a colonoscopy, your doctor may refer you to a lab, facility, or specialist that isn't in your plan's network. When that happens, you end up paying more. To help you get the care you need and control the costs, your plan comes with exclusive access to SmartShopper®.

This program helps you shop around before receiving care. Not only can you find high-quality care to meet your needs at lower costs, but you also have the chance to earn rewards. Rest assured, the doctors, labs, and facilities listed on SmartShopper are carefully vetted and in your plan's network.

SmartShopper can help you:

- Make informed choices.
- Save money.
- Earn up to a $500 cash reward.

Anthem | SmartShopper®

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Here's how it works:

Step 1:
Contact SmartShopper



When your doctor orders testing, call SmartShopper's Care Concierge Team at **866-488-5441** or live chat with them on **http://anthem.smartshopper.com**. The team is available 8 a.m. to 8 p.m. ET Monday through Thursday and 8 a.m. to 6 p.m. ET on Friday.

Step 2:
Compare prices and choose a provider



SmartShopper will show you all the labs, facilities, and specialists that can perform your test and how much they charge. Once you choose one, you can book an appointment, or the Care Concierge Team can do it for you.

Step 3:
Receive your care



Once you've received care, you don't need to do anything else.

Step 4:
Earn rewards



After Anthem pays your claim, SmartShopper mails you a reward check in 6 to 8 weeks.

Explore how you can earn

For a full list of eligible procedures and rewards, go to **http://anthem.smartshopper.com** or call **866-488-5441**.

Service	Your reward*
Lab work	$25
Colonoscopy	Up to $150
Ultrasound	Up to $50

* Rewards vary by state and location.

Take charge of your care and costs

Scan this QR code with your phone's camera to create an account and start shopping for care. You can also go to **http://anthem.smartshopper.com** or call **866-488-5441** to get started.

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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Save money

with SpecialOffers and discounts

As part of your health plan, you qualify for discounts on products and services that help promote better health and well-being. These discounts are available through SpecialOffers, which can help you save money while taking care of your health.



Vision, hearing, and dental

Eyewear

Glasses.com® and 1-800 CONTACTS®

Shop for the latest brand-name frames at a fraction of the cost of similar frames from other retailers. You also can receive additional savings on orders of $100 or more, plus no-cost shipping and returns.

EyeMed

Take advantage of discounts on new glasses, nonprescription sunglasses, and eyewear accessories.

LASIK

Premier LASIK Network

Save on LASIK when you choose any featured Premier LASIK Network provider.

TruVision

Save on LASIK eye surgery at over 1,000 locations.

Hearing

NationsHearing®

Receive hearing screenings and in-home service at no additional cost. You can also receive hearing aids at a discounted rate.

Hearing Care Solutions

Receive no-cost hearing exams and discounts on hearing aids. Hearing Care Solutions has 3,100 locations and eight manufacturers. They also offer a three-year warranty, batteries for two years, and unlimited visits for one year.

Amplifon

Save on top-quality care and receive ongoing service and support for your hearing aids.

Dental

RefreshaDent

Save on premium dentures sent direct to your home. You can receive a 50% discount on a lifetime warranty. This program includes a lifetime digital record of your dentures for easy replacement.

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Fitness and Health

Fitness

Active&Fit Direct™

Choose from thousands of participating gyms nationwide with no long-term contracts or annual fees, or get fit at home with access to 12,000+ on-demand workout videos at no cost.

Fitbit®

Work toward your fitness goals with Fitbit trackers and find smartwatches that fit your lifestyle and budget.

Garmin®

Discover discounts available on select Garmin wellness devices.

Husk Wellness

GlobalFit, by Husk Wellness, offers discounts on gym memberships, fitness equipment and technology, nutrition and mental health services, and virtual wellness solutions.

Health

ChooseHealthy®

Find discounts on acupuncture, chiropractic, massage, podiatry, physical therapy, and nutritional services. You also have discounts on fitness equipment, wearable health trackers, and health products such as vitamins and nutrition bars.

LifeMart®

Receive deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services, yoga classes, sports gear, and vision care.

Family and home

Family

WINFertility®

Save up to 40% on infertility treatment. WINFertility helps make quality treatment more affordable.

Home

Nationwide® pet insurance

Receive discounts when you enroll through your company or organization. Additional savings are available when you enroll multiple pets.

ASPCA® Pet Health Insurance

Find reduced rates on pet insurance and choose from three levels of care, including flexible deductibles and custom reimbursements.

Medicine and treatment

Medicine

Puritan's Pride®

Choose from a large selection of discounted vitamins, minerals, and supplements.

Allergy Control Products and National Allergy Supply™

Save on select doctor-recommended products, such as allergy-friendly bedding, air purifiers and filters, and asthma products. Some orders qualify for no-cost ground shipping within the contiguous U.S.

Treatment

The Living Well Courses

Choose one of the online wellness programs and save on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep, or address alcohol or substance dependence.

BREVENA

Enjoy a discount on BREVENA skin care creams and balms for smooth, rejuvenated skin from head to toe.

Learn more about SpecialOffers

Log in to **anthem.com**, choose **Care**, and select **Discounts.**

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Protecting your privacy

How we keep your information safe and secure

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

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

How we help manage your care

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

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

Special enrollment rights

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

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

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

We're here for you – in many languages

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TTY/TTD:711

It's important we treat you fairly

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



Your benefits administrator or Human Resources representative will contact you with step-by-step instructions on how to enroll in your Anthem health plan.

If you have any questions, please contact:

Member Services: 1-844-995-1752

www.anthem.com

Anthem

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

In addition to using a telehealth service, you can receive in-person or virtual care from your own doctor or another healthcare provider in your plan's network. If you receive care from a doctor or healthcare provider not in your plan's network, your share of the costs may be higher. You may also receive a bill for any charges not covered by your health plan.

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.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and AMGP Georgia Managed Care Company, 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 either Matthew Thornton Health Plan, Inc. or Anthem Health Plans of New Hampshire, Inc. In 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc. and Anthem HealthChoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their 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 underwrites or administers 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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