

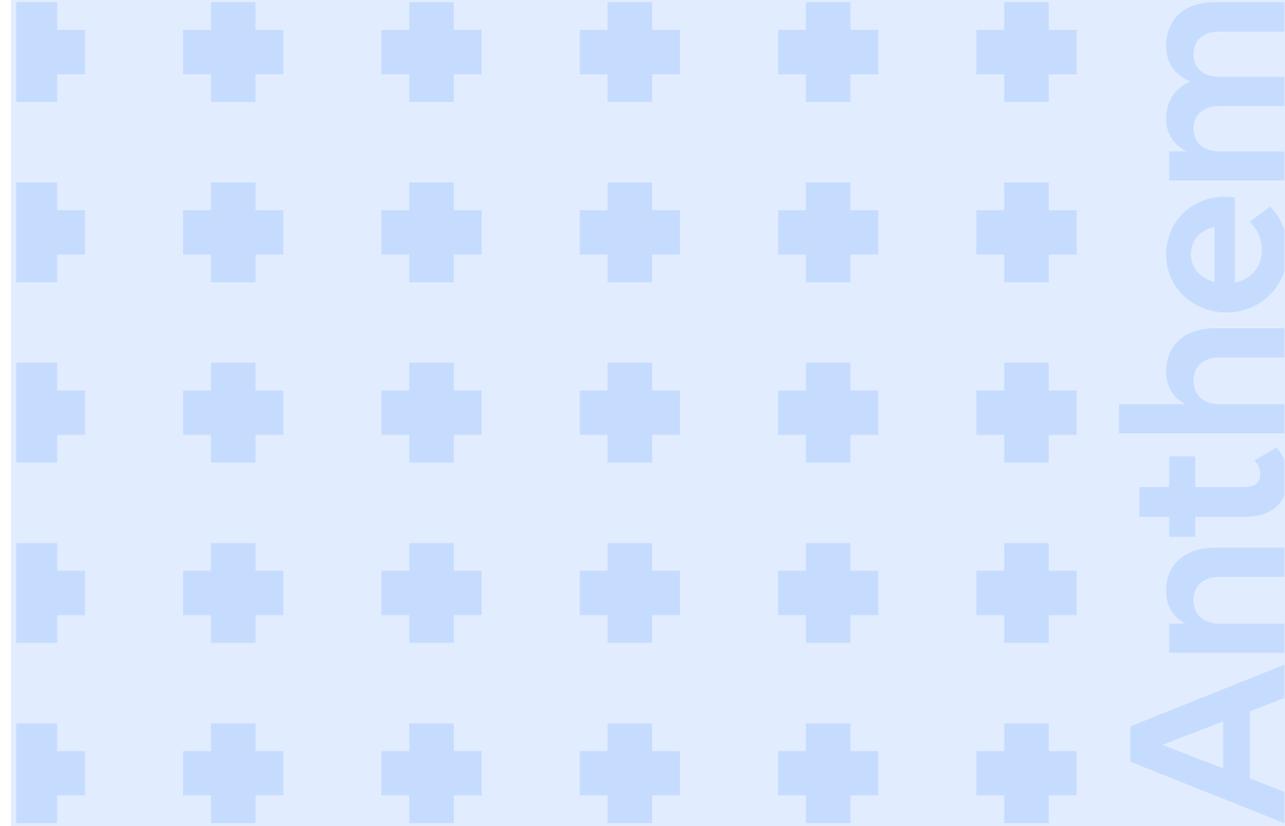
# Choosing and using your Anthem health plan

Your guide to your 2025 Open Enrollment



# Agenda

- Blue Vision Plan
- 65 and Under PPO and HMO Retiree Plan
- Medicare Part B only PPO and HMO Prescription Drug Plan
- Out-of-Country Plan
- BC Life and Health Medicare Supplement
- Anthem Medicare Preferred (PPO) with Senior RX
- Plan Compare
- How to enroll
- Appendix



# Vision Plan



# Blue View Vision

**More doctors**

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

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**More options**

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

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**More freedom**

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

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**More savings**

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

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# Anthem Blue View Vision

Vision Benefit	In Network Provider	Out of Network Provider	Frequency
Routine eye exam	\$20 copay	Up to \$49 allowance	Once every 12 months
Eyeglass frames	\$150 allowance, then 20% off balance	Up to \$70 allowance	Once every 24 months
<b>Eyeglass lenses</b> <ul style="list-style-type: none"> <li>• Single lenses</li> <li>• Bifocal lenses</li> <li>• Trifocal lenses</li> <li>• Lenticular lenses</li> <li>• Standard Progressive lenses</li> </ul>	<ul style="list-style-type: none"> <li>• Covered in full</li> <li>• Covered in full</li> <li>• Covered in full</li> <li>• Covered in full</li> <li>• \$30 copay</li> </ul>	<ul style="list-style-type: none"> <li>• Up to \$45 allowance</li> <li>• Up to \$65 allowance</li> <li>• Up to \$85 allowance</li> <li>• Up to \$125 allowance</li> <li>• Up to \$85 allowance</li> </ul>	Once every 12 months
<b>Eyeglass lens Enhancements</b> <ul style="list-style-type: none"> <li>• Transitions Lenses</li> <li>• Standard Polycarbonate</li> <li>• Factory scratch coating</li> <li>• Tint (Solid &amp; Gradient)</li> </ul>	<ul style="list-style-type: none"> <li>• \$0 after eyeglass lens copay</li> </ul>	<ul style="list-style-type: none"> <li>• N/A</li> <li>• N/A</li> <li>• N/A</li> <li>• \$5</li> </ul>	Once every 12 months
<b>Contact Lenses</b> <i>(Instead of eyeglass lenses)</i> <ul style="list-style-type: none"> <li>• Non-disposable (elective conventional)</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>• Disposable (Elective disposable)</li> </ul> <b>OR</b> <ul style="list-style-type: none"> <li>• Medically Necessary (Non-Elective)</li> </ul>	<ul style="list-style-type: none"> <li>• \$120 allowance, then 15% off balance</li> <li>• \$120 allowance (no additional discount)</li> <li>• Covered in Full</li> </ul>	<ul style="list-style-type: none"> <li>• Up to \$105 allowance</li> <li>• Up to \$105 allowance</li> <li>• Up to \$210 allowance</li> </ul>	Once every 12 months

# Anthem Blue View Vision

Additional Vision Savings at In-network Providers ONLY	In-Network Member Cost (after applicable copay)
<b>Retinal Imaging</b> – at member’s option, can be performed at time of eye exam	Not more than \$39
<b>Eyeglass lens Upgrades -</b> When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new lenses at a discounted cost. Eyeglass lens copay still applies	<ul style="list-style-type: none"> <li>• UV Coating</li> <li>• Progressive Lenses               <ul style="list-style-type: none"> <li>• Premium tier 1</li> <li>• Premium tier 2</li> <li>• Premium tier 3</li> </ul> </li> <li>• Anti-Reflective Coating               <ul style="list-style-type: none"> <li>• Standard</li> <li>• Premium tier 1</li> <li>• Premium tier 2</li> </ul> </li> <li>• Other Add-ons</li> </ul>
<b>Additional Pairs of Eyeglasses –</b> Anytime from any Blue View Vision network provider	<ul style="list-style-type: none"> <li>• Complete Pair</li> <li>• Eyeglass materials purchased separately</li> </ul>
<b>Eyewear Accessories</b>	<ul style="list-style-type: none"> <li>• Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.</li> </ul>
<b>Contact lens fit and follow-up –</b> A contact lens fitting and follow up to two follow up visits are available to you once a comprehensive eye exam has been completed	<ul style="list-style-type: none"> <li>• Standard contact lens fitting</li> <li>• Premium contact lens fitting</li> </ul>
<b>Conventional Contact Lenses</b>	<ul style="list-style-type: none"> <li>• Discount applies to materials only</li> </ul>

Chart lists benefits for doctors in your plan’s network only.

# Use your Blue View Vision Benefits at COSTCO

As a Blue View Vision member, you can take advantage of Costco's great prices on frames, lenses, and contact lenses.

Simply let the Costco associate know you are part of the Blue View Vision plan powered by EyeMed Vision Care. The Costco Associated will:

- Check your eligibility
- Apply your benefits at checkout. You'll pay any amount over the benefit allowance (listed below) at this time.

## Your materials benefits include:

- **Frames allowance: \$120**
- **Contact lenses allowance: \$120**
- **Lenses - single, bifocal, trifocal: \$20 copay**

Other lens add-ons: offered at Costco's everyday low prices

\*EYE EXAMS: Costco's eye doctors are NOT part of the Blue View Network. If you choose to get an eye exam at Costco, you must pay in full at the time of service and file the claim with Blue View Vision for OUT OF NETWORK PROCESSING.

# Medical Plans



# Health maintenance organization (HMO) plan

## Key features

- Offers predictable copays.
- Has lower out-of-pocket costs.



## Something to think about

Only covers doctors that are in your plan's network, except for emergencies.

You're required to select a primary care doctor from the plan's network for preventive care.

Specialist visits require a referral from your primary care doctor.



# Preferred provider organization (PPO) plan

## Key features

- Flexibility to go to almost any doctor or hospital.
- No requirement to have a primary care doctor.
- No referral needed to see a specialist.

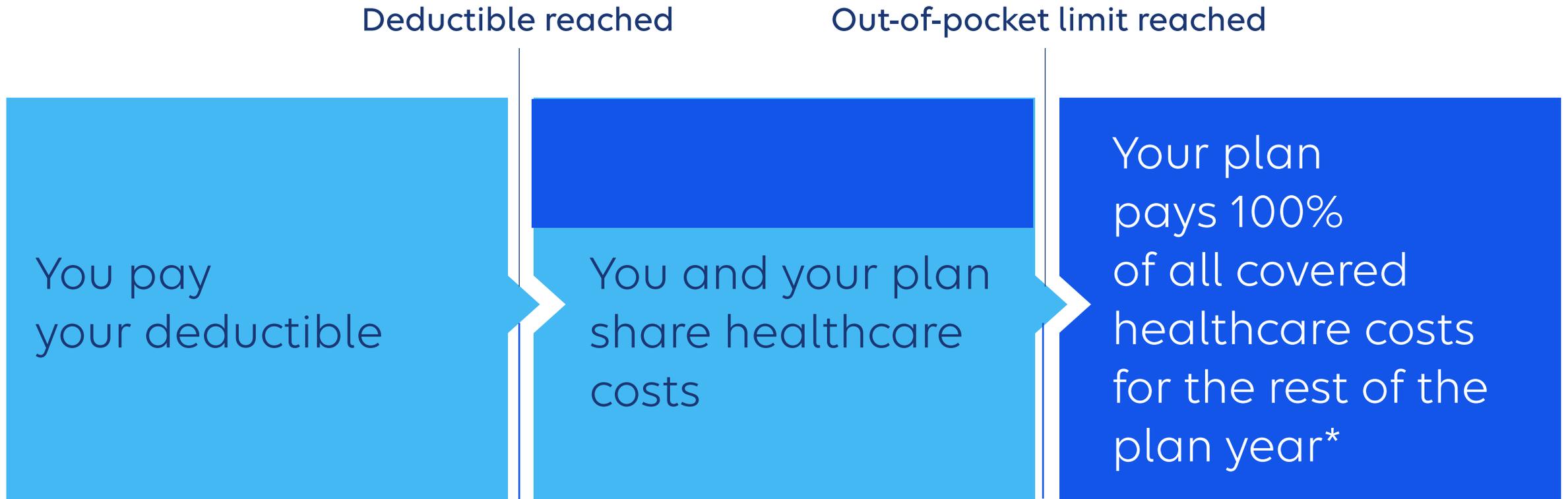


## Something to think about

You'll pay less if you choose doctors and facilities in your plan's network.



# What you pay and what your plan pays



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

 What you pay       What we pay

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

# Retired Members, Dependents and Survivors under Age 65

Summary of Benefits	Anthem Blue Cross PPO		Anthem Blue Cross HMO
	Network Benefits	Non-Network Benefits	
<b>Calendar Year Deductible</b>			
Individual	\$750		Not applicable
Family	\$1,500; at least one family member must satisfy the \$750 per individual deductible		
<b>Annual Out-of-Pocket Maximum</b>			
Individual	\$5,000		\$500
Family	Not applicable		\$1,500
<b>Lifetime Maximum</b>			
	Unlimited		Unlimited
<b>Preventive Care</b>			
Routine Physical Examination	No charge (may include lab & X-ray)		\$20 copay
Pap Smear, Pelvic & Breast Annual Exam	No charge	Routine preventative mammogram and any other routine services is payable at 100% for out-of-network providers at UCR. Deductible does not apply.	No charge after \$20 office visit copay
Mammography	Preventative mammogram is payable at 100% for in-network deductible. Deductible does not apply.		
<b>Physician Services</b>			
Office Visit	\$20 copay	Anthem pays 70% UCR <sup>1</sup> after deductible	\$20 copay
Specialist Care	\$20 copay		
Inpatient Surgery	Anthem pays 90% after deductible		No charge
Outpatient Surgery			
Telehealth/Virtual Visits	\$20 copay	Anthem pays 70% UCR <sup>1</sup> after deductible	\$0 copay

Summary of Benefits	Anthem Blue Cross PPO		Anthem Blue Cross HMO
	Network Benefits	Non-Network Benefits	
<b>Inpatient Hospital Room &amp; Board</b>			
	Anthem pays 90% after deductible	Anthem pays 80% UCR <sup>1</sup> after deductible	No charge
<b>Other Health Services</b>			
Allergy Tests & Treatments	Anthem pays 90% after deductible	Anthem pays 70% UCR <sup>1</sup> after deductible	\$20 copay
Lab & X-ray			No charge
Physical & Speech Therapy			\$20 copay; for Physical & Speech Therapy: limit of 60 days combined per illness/per injury
Dialysis & ESRD Services			
Skilled Nursing Facility (limit 100 days/calendar year)			No charge
Home Health Care	Anthem pays 90% after deductible; limit up to 60 visits/calendar year	Anthem pays 70% UCR <sup>1</sup> after deductible; limit up to 60 visits/calendar year	No charge; limit up to 100 visits/calendar year
Hospice Services	Anthem pays 80% after deductible; contact Anthem Blue Cross Member Services for details		No charge; limits apply

# Retired Members, Dependents and Survivors under Age 65

Summary of Benefits	Anthem Blue Cross PPO		Anthem Blue Cross HMO
	Network Benefits	Non-Network Benefits	
Ambulance			No charge
Durable Medical Equipment	Anthem pays 90% after deductible		
Chiropractic Services (limit 30 visits/calendar year)	\$20 copay	Anthem pays 70% UCR <sup>1</sup> after deductible	\$20 copay; the chiro rider benefit is subject towards \$20 copay, 60 days max per illness/injury
Acupuncture Services (limit 30 visits/calendar year)	\$20 copay; payable at 90% after deductible. No visit Max.		\$20 copay
<b>Emergency Services</b>			
Emergency Room Visit	Anthem pays 90% after deductible	Anthem pays 90% after deductible	\$100 copay; waived if admitted
Urgent Care Visit	100% subject towards \$20 copay	Covered 70% of UCR <sup>1</sup> after deductible	\$20 copay
<b>Mental Health (MH)<sup>2</sup>/Chemical Dependency (CD)<sup>2</sup></b>			
Inpatient	Anthem pays 90% after deductible (MH/CD)	Anthem pays 80% UCR <sup>1</sup> after deductible (MH/CD)	No charge (MH/CD)
Outpatient	\$20 copay	Anthem pays 70% UCR <sup>1</sup> after deductible	\$20 office visit copay (MD & CD); No Charge Facility (MD & CD)

Summary of Benefits	Anthem Blue Cross PPO		Anthem Blue Cross HMO
	Network Benefits	Non-Network Benefits	
<b>Hearing Services</b>			
Hearing Exam	Covered under your Routine Physical Examination Benefit		\$20 copay
Medically Necessary Hearing Aid (every 36 months)	No deductible: up to \$2,000 per ear every 36 months		Up to \$2,000 per ear every 36 months
<b>Retail Prescription Drugs<sup>5</sup></b>	Up to 30-day supply <sup>6</sup>		Up to 30-day supply <sup>6</sup>
Generic	\$10 copay	Anthem pays 80%; deductible does not apply	\$10 copay
Brand	\$30 copay		\$30 copay
Non-formulary	\$50 copay		\$50 copay
<b>Mail Order<sup>4</sup> Prescription Drugs</b>	Up to 90-day supply <sup>6</sup>		Up to 90-day supply <sup>6</sup>
Generic	\$20 copay	Not covered	\$20 copay
Brand	\$60 copay		\$60 copay
Non-formulary	\$100 copay		\$100 copay

# Retired Members, Dependents, Survivors Age 65 or Older with Medicare Part B only

Summary of Benefits	Anthem Blue Cross PPO (Medicare)		Anthem Blue Cross HMO (Medicare)
	Network Benefits	Non-Network Benefits	
<b>Calendar Year Deductible</b>			
Individual/Family	Medicare Part B deductible		Not applicable
<b>Annual Out-of-Pocket Maximum</b>			
Individual	Deductible excluded		
Family	\$5,000		\$500
	Not applicable		\$1,500
<b>Lifetime Maximum Preventive Care</b>			
	Unlimited		Unlimited
Routine Physical Examination	No charge (may include lab & X-ray)		\$20 copay
Annual Pap Smear, Pelvic & Breast Exam	Anthem pays 20% after deductible		No charge after \$20 office visit copay
Mammography			
<b>Physician Services</b>			
Office Visit	Anthem pays 20% after deductible		\$20 copay
Specialist Care			
Inpatient Surgery			
Outpatient Surgery			
Telehealth/Virtual Visits	Anthem pays 20% after deductible	Anthem pays 70% UCR <sup>1</sup> after deductible	\$0 copay
<b>Inpatient Hospital Room &amp; Board</b>			
	Anthem pays 90% after deductible	Anthem pays 80% UCR <sup>1</sup> after deductible	No charge

Summary of Benefits	Anthem Blue Cross PPO (Medicare)		Anthem Blue Cross HMO (Medicare)
	Network Benefits	Non-Network Benefits	
<b>Other Health Services</b>			
Allergy Tests & Treatments	Anthem pays 100%		\$20 copay
Lab & X-ray			No charge
Physical & Speech Therapy	Anthem pays 20% after deductible		\$20 copay; for Physical & Speech Therapy: limit of 60 days combined per illness/per injury
Dialysis & ESRD Services			
Skilled Nursing Facility (limit 100 days/calendar year)	Anthem pays 90% after deductible	Anthem pays 70% UCR <sup>1</sup> after deductible	No charge
Home Health Care	Anthem pays 20% after deductible		No charge; limit up to 100 visits/calendar year
Hospice Services	Contact Anthem Blue Cross Member Services – Benefits are case specific		No charge; limits apply
Ambulance	Anthem pays 20% after deductible		No charge
Durable Medical Equipment			
Transportation to medical appointments/pharmacy	Not applicable		Not applicable

# Retired Members, Dependents, Survivors Age 65 or Older with Medicare Part B only

Summary of Benefits	Anthem Blue Cross PPO (Medicare)		Anthem Blue Cross HMO (Medicare)
	Network Benefits	Non-Network Benefits	
Chiropractic Services (limit 30 visits/calendar year)	Medicare authorized visits: \$10 copay	Medicare authorized visits: Anthem pays 70% UCR <sup>1</sup> after deductible	\$20 copay; the chiroprider benefit is subject towards \$20 copay, 60 days max per illness/injury
Acupuncture Services (limit 30 visits/calendar year)	Medicare authorized visits: \$10 copay	Medicare authorized visits: Anthem pays 70% UCR <sup>1</sup> after deductible	\$20 copay
<b>Emergency Services</b>			
Emergency Room Visit	Anthem pays 20% after deductible if admitted – 90% for hospital services, Anthem pays 20% after deductible <sup>2</sup> for professional services		\$100 copay; waived if admitted
Urgent Care Visit	Anthem pays 20% after deductible		\$20 copay
<b>Mental Health (MH)<sup>2</sup>/Chemical Dependency (CD)<sup>2</sup></b>			
Inpatient	Anthem pays 90% after deductible (MH/CD)	Anthem pays 80% UCR <sup>1</sup> after deductible (MH/CD)	No charge (MH/CD)
Outpatient	Anthem pays 50% after deductible (MH/CD)	Anthem pays 50% after deductible (MH/CD)	\$20 office visit copay (MD & CD); No Charge Facility (MD & CD)
<b>Hearing Services</b>			
Hearing Exam	Covered under your Routine Physical Examination Benefit		\$20 copay
Medically Necessary Hearing Aid (every 36 months)	No deductible: up to \$2,000 per ear every 36 months		Up to \$2,000 per ear every 36 months

Summary of Benefits	Anthem Blue Cross PPO (Medicare)		Anthem Blue Cross HMO (Medicare)
	Network Benefits	Non-Network Benefits	
<b>Retail Prescription Drugs<sup>4</sup></b>	Up to 30-day supply <sup>4,5</sup>		Up to 30-day supply <sup>4,5</sup>
Generic	\$0 copay for select generics/ \$5 copay generics	See Evidence of Coverage	\$0 copay for select generics/\$5 copay for generics
Preferred Brand	\$25 copay		\$25 copay
Non-Preferred Brands/ Non-Formulary	\$50 copay		\$50 copay
<b>Mail Order<sup>3,4</sup> Prescription Drugs</b>			
Generic	\$0 copay for select generics/ \$10 copay generics <sup>7</sup>	Not covered	Up to 90-day supply <sup>3,4,5</sup> \$0 copay for select generics/ \$10 copay <sup>7</sup>
Preferred Brand	\$50 copay		\$50 copay
Non-Preferred Brands/ Non-Formulary	\$100 copay		\$100 copay

# Retired Members, Dependents and Survivors Age 65 or Older with Medicare Part A & B

## Medicare Supplement

### BENEFITS AT A GLANCE

#### What You Pay

COVERED SERVICES	
Deductible	Medicare Deductible (Part B)
Annual Maximum Out-of-Pocket	\$0
<b>Outpatient Visits</b>	
*Primary Care visits (PCP)	\$0
*Specialist visits	\$0
Urgent Care	\$0
Emergency Room	\$0
Lab/X-ray	\$0
Chiropractic coverage beyond Medicare	\$0
Acupuncture	\$0
Durable Medical Equipment (DME)	\$0
Ambulance	\$0
<b>Inpatient Benefits</b>	
Inpatient Hospital Benefits	\$0
Skilled Nursing Facility days 1 - 100	\$0
Home Health Agency Care	\$0

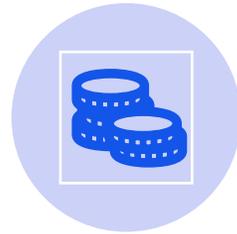
#### Rx Benefits

Rx Benefits	
<b>Retail</b>	
Select Generics	\$0
Generics	\$5
Preferred Brand	\$25
Non-Preferred Brand/Specialty	\$50
<b>Mail Order</b>	
Select Generics	\$0
Generics	\$10
Preferred Brand	\$50
Non-Preferred Brand/Specialty	\$100

# Anthem Blue Cross PPO Out-Of-Country



\$500  
DEDUCTIBLE/PERSON



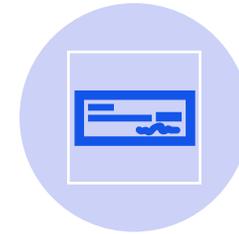
70% REIMBURSEMENT  
OF THE USUAL AND  
CUSTOMARY CHARGES



UP TO \$10,000 OUT-OF-  
POCKET MAXIMUM PER  
CALENDAR YEAR



\$10 COPAY FOR PER 30-  
DAY SUPPLY (ALL  
ANTHEM BLUE CROSS  
APPROVED DRUGS)



\*MEMBER SUBMITTED  
CLAIMS ONLY

# Anthem Blue Cross Medicare Preferred benefits summary



# Accessing care



## With this PPO plan, you can:

- Continue to see your current doctor as long as they accept Medicare.
- See any care provider who accepts both Medicare and your health plan without a referral.
- Pay the same cost share whether you see care providers in or out of your plan's network.

## It's easy to find care.

Once you enroll, you'll be able to use our Find Care tool to search for doctors and other care providers in your area by:

- Visiting [anthem.com/ca](https://www.anthem.com/ca) or the **Sydney<sup>SM</sup>Health app** and selecting **Find Care**.
- Contacting Member Services by calling the number on the back of your plan membership card.
- If you're not enrolled yet, you can still use the **Find Care** tool to search as a guest.

# Anthem Medicare Preferred (PPO) with Senior RX medical benefits summary

Covered services	In-network	Out-of-network
Deductible	\$0	\$0
Out-of-pocket maximum	\$0	\$0
Physician services, including doctor's office visits (Medicare-covered services): <ul style="list-style-type: none"> <li>• Physician visits</li> <li>• Specialist visits</li> </ul>	\$0 copay	\$0 copay
Preventive care and screenings	Covered by plan at 100%	Covered by plan at 100%
Lab/X-Rays	\$0 copay	\$0 copay
Urgent Care	\$0 copay	\$0 copay
Emergency outpatient care	\$0 copay	\$0 copay
Outpatient Surgeries	\$0 copay	\$0 copay
Inpatient hospital care Hospital days are unlimited. Covered services include, but are not limited to, a semiprivate room (or a private room if medically necessary).	\$0 copay	\$0 copay
Skilled Nursing Facility (Days 1-100)	\$0 copay	\$0 copay

# Anthem Medicare Preferred (PPO) with Senior RX hearing, vision, foot care benefits summary

Covered services – Hearing	In-network	Out-of-network
Routine exams <i>* Maximum benefit \$70 per year, every calendar year</i>	\$0	\$0
Hearing aids <i>* Maximum benefit \$2,000 per ear, every 3 calendar years</i>	\$0	\$0

Covered services – Vision	In-network	Out-of-network
Routine exams <i>* Maximum benefit \$70, every calendar year</i>	\$0	\$0
Eyewear allowance <i>*Maximum benefit \$100, every 2 calendar years</i>	\$0	\$0

Routine Foot Care	In Network	Out of Network
Routine Foot Care <i>* Up to 12 covered visits every calendar year</i> <i>* Up to 8 compression stockings every calendar year</i>	\$0	\$0

# Anthem's Part D benefits



# Phases of prescription drug coverage

Part D includes three phases: deductible, initial, and catastrophic coverage. Here's what you can expect during these phases.



\* If you qualify for low-income subsidy or programs of all-inclusive care for the elderly (PACE), you do not qualify for the Medicare Coverage Gap Discount program because your Extra Help programs eliminate the coverage gap for you.

# Your pharmacy benefits

Part B Retirees, Medicare Supplement Plan, Medicare Advantage Preferred (PPO)

<b>Retail services (30-day supply)</b>	<b>Standard pharmacy</b>
Select generics	\$0
Generics	\$5
Preferred brands	\$25
Nonpreferred drugs, including specialty drugs and nonformulary drugs	\$50
<b>Home delivery 90-day supply (Specialty limited to a 30-day supply)</b>	<b>Home delivery</b>
Select generics	\$0
Generics	\$10
Preferred brands	\$50
Nonpreferred drugs, including specialty drugs and nonformulary drugs	\$100
<b>Maximum Out of Pocket</b>	<b>\$2,000</b>



# Have your prescriptions delivered with CarelonRx Pharmacy

Anthem has partnered with CarelonRx to simplify your prescription drug coverage and delivery while keeping your out-of-pocket costs down.

With home delivery, you can:

- Get 90-day supplies of maintenance medications delivered to your home.
- Set up automatic refills, reminders, and track your orders.
- Speak with a pharmacist 24/7.

To sign up after enrollment, call CarelonRx Pharmacy Contact Center or the number on the back of your member ID card.

You can also log in to your account on the Sydney Health app and switch your medications to CarelonRx Pharmacy.

CarelonRx, Inc. is an independent company providing pharmacy benefit management services on behalf of your health plan.



# Medicare Supplement plan and Medicare Advantage PPO plan

	Life & Health Medicare Plan (Medicare Supplement)	Medicare Preferred (PPO) Plan
24/7 NurseLine	Included	Included
Anthem Network	Prudent Buyer Plan (CA) and BlueCard PPO (outside California)	Anthem Medicare Preferred (CA) and BCBSA Medicare Advantage Network Sharing (outside California)
Assistive Devices	Not included	Included
Cancer Care Navigator	Included	Included
Community Resource Connections	Not included	Included
Concierge Care Programs (Covid, Type 2 Diabetes & Post-Discharge)	Not included	Included
Coverage outside the plan's network	Retirees can visit any doctor, specialist, or hospital who accepts Medicare without a referral.	Retirees can visit any doctor, specialist, or hospital who accepts Medicare without a referral.
Coordination of benefits	Medicare pays first, Medicare Supplement pays second	Anthem Blue Cross is primary
Single ID card	Not included	Included
First Impressions TelephoneLine	Not included	Included
Health and Fitness Tracker	Not included	Included
Hearing coverage	Up to \$2,000 per ear, per year, every 36 months for routine hearing tests* and hearing aids	Up to \$2,000 per ear, per year, every 36 months for routine hearing tests* and hearing aids.
Home Lab Kits/Screenings Program	Not included	Included

# Medicare Supplement plan and Medicare Advantage PPO plan

	Life & Health Medicare Plan (Medicare Supplement)	Medicare Preferred (PPO) Plan
House Calls Program	Not included	Included
In-Home Palliative Care Program	Not included	Included
Medicare Community Resource Support	Not included	Included
Member Connect Program	Not included	Included
Non-Emergency Transportation Program	Not included	Included
Over the Counter Benefit	Not included	Included
Personal Emergency Response System	Not included	Included
Personal Home Helper	Not included	Included
SilverSneakers	Included	Included
Special Offers	Included	Included
Routine foot care	Coverage available for diabetes-related foot complications for both foot care and compression stockings.	Up to 12 covered visits every calendar year for hygienic and preventative maintenance, including compression stockings.
Vision coverage	The Anthem Blue View Vision plan is a separate vision plan offered by LACERS. Optometric services, including eye exercises and routine eye exams, are not covered by this plan.	In addition to the Anthem Blue View Vision. Routine vision exams up to \$70 maximum benefit every calendar year. Eyewear allowance includes \$100 maximum benefit every 2 calendar years.

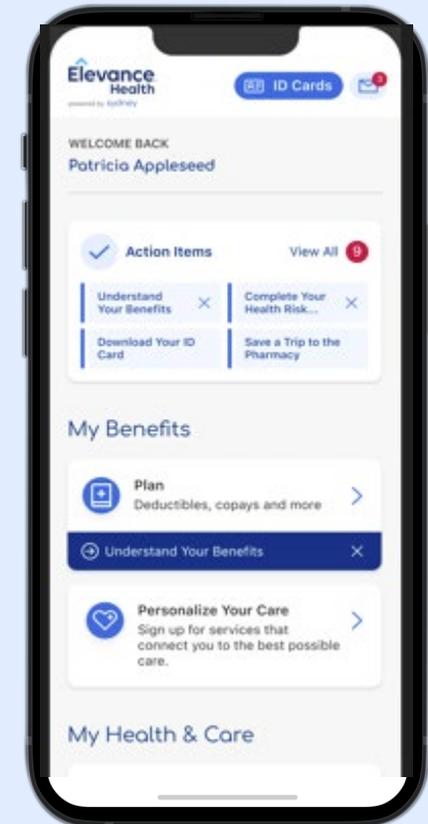
# Tools and Resources

# Sydney Health mobile app

Makes healthcare easier

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

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



# Benefit programs



## LiveHealth Online

- Have a live video visit with a board-certified doctor from the comfort of home for common conditions like colds, flu, sinus infections, and rashes.
- Have prescriptions sent to your pharmacy, if needed.<sup>1</sup>
- Set up a video counseling session with a licensed therapist or psychologist to find help when you feel depressed, anxious, or stressed.<sup>2</sup>

<sup>1</sup> Prescription availability is defined by physician judgment.

<sup>2</sup> Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 988 (National Suicide Prevention Lifeline) or 911 and ask for help. LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of your health plan.



## 24/7 NurseLine

Connect with a registered nurse day or night, who can help you:\*

- Assess symptoms.
- Understand a condition and course of treatment.
- Address questions about prescriptions or over-the-counter medications.
- Recommend the right setting for the care you need.

\* The information contained in this program is for general guidance only. Your doctor will be specific regarding recommendations for your individual circumstances. Recommended treatments may not be covered under your health plan.

# Digital tools



## My Health Record

My Health Record offers a holistic view of your health history. You can:

- Get an overall view of your medical records from your different care providers.
  - Download and share your health history and electronic medical records (EMR) with your care providers, caregivers, and family members.
  - View your health history through charts and graphs that track your records over time.
- 



## MyHealth Advantage

This program helps you stay on top of your health by:

- Sending regular reminders about recommended preventive care and tests.
- Offering access to health specialists who can answer your questions.
- Helping you keep track of your health and progress.

# Special Offers

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

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



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

# Fitness benefits

SilverSneakers is a no-added-cost benefit to help you step up your fitness.

The program includes:

- Thousands of participating fitness center locations nationwide.
- The ability to enroll at multiple locations across the U.S.
- Group activities and classes offered outside the gym.
- Daily classes and workshops focused on exercise and led by trained instructors through SilverSneakers LIVE™.
- The SilverSneakers On-Demand digital library with hundreds of workouts you can do anytime.
- The SilverSneakers GO app so you can find locations near you, participate in live classes from your phone, and tailor workouts to your fitness level.

Get started by visiting [SilverSneakers.com/StartHere](https://www.silversneakers.com/starthere)  
or call **1-855-741-4985**, Monday to Friday, 8 a.m. to 8 p.m. ET.



# Enrolling in Anthem's Medicare Advantage



# Enrolling in your new plan is as easy as 1-2-3

**1** You do not need to do anything if you want to remain in your current plan.

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**2** If you want to change plans, submit your completed enrollment form to LACERS by **November 18<sup>th</sup>, 2024**.

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**3** Once you submit your enrollment form, the effective date of your plan is January 1<sup>st</sup>, 2025.

# Excellent service is our priority

Our [Anthem Member Services](#) will help you make a smooth transition into your plan with:

- Support comparing existing and potential new plans.
- Retiree-dedicated expertise.
- Individual support, tools, and resources.
- Answers to questions about prescriptions, coverage, and choosing a care provider.

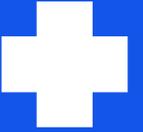
## Call:

- [Medicare Supplemental plan: 866-940 8303](#)  
[Prescription Drug Senior RX: 833-285-4636](#)
- [Medicare Advantage PPO plan: 833-848-8730](#)  
[MAPD Senior RX: 833-360-3662](#)

Monday through Friday, 5 a.m. to 6 p.m. Pacific time, except holidays.



# Whole health builds confidence for the next adventure



We're here to help. By your side. Every step of the way.  
Our retiree plans can help you navigate toward the future you've been planning — physically,  
emotionally, socially, and financially.

Anthem Blue Cross is an HMO & LPPO plan with a Medicare contract. Anthem Blue Cross Life and Health Insurance Company is an LPPO plan with a Medicare contract. Anthem BC Health Insurance Company is an LPPO plan with a Medicare contract. Enrollment in Anthem Blue Cross, Anthem BC Health Insurance Company and Anthem Blue Cross Life and Health Insurance Company depends on contract renewal. Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross, Anthem BC Health Insurance Company and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

Out-of-network/non-contracted providers are under no obligation to treat plan members, except in emergency situations. Please call our Member Services number or see your *Evidence of Coverage* for more information, including the cost-sharing that applies to out-of-network services," and must be included whenever materials reference out-of-network/non-contracted providers.