Getting the Most from Your Key Advantage 1000 Benefits Summary

Effective July 1, 2020 or October 1, 2020

Key Advantage 1000

THIS IS A SUMMARY of your medical, vision, behavioral health and employee assistance program (EAP), prescription drug, and dental benefits.

Your benefits are administered by Anthem Blue Cross and Blue Shield, with the exception of your dental benefits. Delta Dental of Virginia administers routine dental benefits.

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The TLC Key Advantage Member Handbook and this Key Advantage 1000 Benefits Summary constitute a complete description of the benefits, exclusions, limitations, and reductions under the plan.

An electronic version of the handbook is available online at **thelocalchoice.virginia.gov** and at **anthem.com/tlc**.

Plan Year

Your benefits are administered on a plan year basis which is July 1 through June 30, or October 1 through September 30, depending upon your renewal date.

Who Is Eligible

- **Active Employees and their Dependents**
- **If offered, Retirees not eligible for Medicare and their Dependents not eligible for Medicare, and/or**
- **Dependents of Medicare eligible Retirees who are not Medicare eligible.**

NOTE: *Medicare eligible retirees and the Medicare eligible dependents of any retiree (Medicare eligible or otherwise), may not enroll in Key Advantage 1000.*

What's in Your Key Advantage 1000 Plan?

Your plan includes:

- Medical, Behavioral Health, Employee Assistance Program (EAP), and Prescription Drug benefits administered by Anthem Blue Cross and Blue Shield
- Preventive and Comprehensive dental benefits administered by Delta Dental
- Specialist visits with no referrals
- In-network coverage through the Anthem PPO network in Virginia, and the BlueCard® PPO and Blue Cross Blue Shield Global Core Programs for care outside Virginia

Out-of-Pocket Expense Limit

In Network: $5,000 for one person, **$10,000** for two or more persons, each plan year.

Out of Network: $9,000 for one person, **$18,000** for two or more persons, each plan year.

There are separate out-of-pocket expense limits for in- and out-of-network services. Your medical and behavioral health deductible, and copayments/coinsurance for **medical, behavioral health and prescription drugs** all count toward the limit. Once you reach the limit, you pay $0 for covered in-network medical and behavioral health services, and covered prescription drugs for the remainder of the plan year.

These expenses do not count toward the limit:

- Amounts above the allowable charge or plan limits
- Services and supplies not covered by your plan
- Copayments, coinsurance and deductibles for routine vision benefits (exception: routine eye exam for members through the end of the month they turn 19 years old) and dental services
- Additional amount non-network providers may bill you when their charge is more than the plan's allowable charges

Key Advantage 1000 Benefits At-A-Glance

	Benefit	In-Network	Out-of-Network
Plan Year Deductible *(applies as indicated)*	One Person	$1,000	$2,000
	Family (two or more people)	$2,000	$4,000
Plan Year Out-Of-Pocket Expense Limit	One Person	$5,000	$9,000
	Family (two or more people)	$10,000	$18,000
Out-of-network benefits	Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to out-of-network medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.		
Medical and Behavioral Health care when traveling	The BlueCard® PPO and BCBS Global Core programs are included for medical and behavioral health care outside Virginia.		
Lifetime maximum	Unlimited		

Covered Services	You Pay In-network		
Ambulance Travel *No Plan Year limit*	20% coinsurance, after deductible		
Autism Spectrum Disorder	Copayment/coinsurance determined by service received		
Behavioral Health			
Inpatient treatment	20% coinsurance, after deductible		
Residential Treatment	20% coinsurance, after deductible		
Partial Hospitalization (Day) Program	20% coinsurance, after deductible		
Intensive Outpatient Treatment Program (IOP)	20% coinsurance, after deductible		
Outpatient Treatment Program			
Facility Services	20% coinsurance, after deductible		
Professional Provider Services	$25 copayment		
Chiropractic, Spinal Manipulations and Other Manual Medical Interventions 30-Visit Plan Year limit per member			
Primary Care Physicians	$25 copayment		
Specialty Care Providers	$40 copayment		
Dental Care (Delta Dental)			
Preventive Dental Option *(diagnostic and preventive services only for lower premium)*	$0		
Comprehensive Dental Option *(for higher premium)*			
Dental Plan Year Deductible	One Person $25	Two People $50	Family $75
Plan Year Maximum (Except Orthodontics)	$1,500		
Preventive Dental Care	$0		
Primary Dental Care	20% coinsurance after dental deductible		
Major Dental Care	50% coinsurance after dental deductible		
Orthodontic Services (Includes Adult Ortho)	50% coinsurance, no dental deductible, with $1,500 lifetime maximum		

Covered Services	You Pay In-network
Dental Services (non-routine Medical)	20% coinsurance, after deductible
Diabetic Education	$0
Diabetic Equipment	20% coinsurance, after deductible
Diagnostic Tests, Labs and X-rays	
Outpatient Surgery	20% coinsurance, after deductible
Outpatient Diagnostic Services Only	20% coinsurance, after deductible
Outpatient Emergency Room	20% coinsurance, after deductible
Dialysis Treatments	
Facility Services	$0
Doctor's Office	$0
Doctor's Visits *(On an Outpatient basis)*	
Primary Care Physicians	$25 copayment
Specialty Care Providers	$40 copayment
Employee Assistance Program (EAP) Up to four visits per issue *(per plan year)*	$0
Early Intervention Services (Birth to 3 years)	Copayment/coinsurance determined by service received
Emergency Room Visits	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	$25 copayment
Specialty Care Providers	$40 copayment
Diagnostic Tests, Labs and X-rays	20% coinsurance, after deductible
Home Health Services *90-Visit Plan Year limit per member*	$0
Home Private Duty Nurse's Services	20% coinsurance, after deductible
Hospice Care Services	$0
Hospital Services	
Inpatient Care	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	$0
Specialty Care Providers	$0
Diagnostic Services	20% coinsurance, after deductible
Outpatient Care	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	$25 copayment
Specialty Care Providers	$40 copayment
Diagnostic Tests, Labs and X-rays	20% coinsurance, after deductible
Maternity	
Professional Provider Services	
Prenatal and Postnatal Care	
Primary Care Physicians	$25 copayment
Specialty Care Providers	$40 copayment
Delivery	
Primary Care Physicians	$0
Specialty Care Providers	$0

Key Advantage 1000 Benefits At-A-Glance (continued)

Covered Services	You Pay In-network
Hospital Services for Delivery Delivery room, anesthesia, routine nursing care for newborn	20% coinsurance, after deductible
Diagnostic Tests, Labs and X-rays	20% coinsurance, after deductible
LiveHealth Online	$0
Medical Equipment (durable), Appliances, Formulas, Prosthetics and Supplies	20% coinsurance, after deductible
Outpatient Prescription Drugs *(mandatory generic)*	
Retail Pharmacy Covered drugs per 34-day supply	
Tier 1	$10 copayment
Tier 2	$30 copayment
Tier 3	$45 copayment
Tier 4	$55 copayment
Home Delivery Services (Mail Order) Covered drugs for up to a 90-day supply	
Tier 1	$20 copayment
Tier 2	$60 copayment
Tier 3	$90 copayment
Tier 4	$110 copayment
Diabetic Supplies	20% coinsurance, no deductible
Shots – allergy & therapeutic injections At a doctor's office, Emergency room or Outpatient hospital department	20% coinsurance, after deductible
Skilled Nursing Facility Stays 180-day per Stay limit per member[1]	
Facility Services	$0
Professional Provider Services	$0
Surgery	
Inpatient	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	$0
Specialty Care Providers	$0
Diagnostic Services	20% coinsurance, after deductible
Outpatient	
Facility Services	20% coinsurance, after deductible
Professional Provider Services	
Primary Care Physicians	$25 copayment
Specialty Care Providers	$40 copayment

[1]A stay is the period from the admission to the date of discharge from a Facility. If there is less than a 90 day break between two admissions, the days allowable for the subsequent admission are reduced by the days used in the first. If there are more than 90 days between the two admissions, the days available for the subsequent admission start over for a full 180 days.

Covered Services	You Pay In-network
Therapy – Outpatient Services	
Cardiac Rehabilitation Therapy	20% coinsurance, after deductible
Chemotherapy	20% coinsurance, after deductible
Infusion *(includes IV therapy and injected chemotherapy)*	20% coinsurance, after deductible
Occupational Therapy	20% coinsurance, after deductible
Physical Therapy	20% coinsurance, after deductible
Radiation Therapy	20% coinsurance, after deductible
Respiratory Therapy	20% coinsurance, after deductible
Speech Therapy	20% coinsurance, after deductible
Vision Correction After surgery or accident	20% coinsurance, after deductible
Wellness and Preventive Care Services	
Well Child (Birth to 18 years)	
Office Visits at specified intervals	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Immunizations	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Screening Tests	No copayment, coinsurance, or deductible
Routine Wellness (18 years and older)	
Check-up Visit (one per Plan Year)	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Immunizations	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Routine Lab and X-ray Services	No copayment, coinsurance, or deductible
Wellness and Preventive Care Services (one of each per Plan Year)	
Gynecological Exam	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Pap Test	No copayment, coinsurance, or deductible
Mammography Screening	No copayment, coinsurance, or deductible
Prostate Exam (digital rectal exam)	
Primary Care Physicians	No copayment, coinsurance, or deductible
Specialty Care Providers	No copayment, coinsurance, or deductible
Prostate Specific Antigen Test	No copayment, coinsurance, or deductible
Colorectal Cancer Screenings	No copayment, coinsurance, or deductible

Key Advantage 1000 Benefits At-A-Glance (continued)

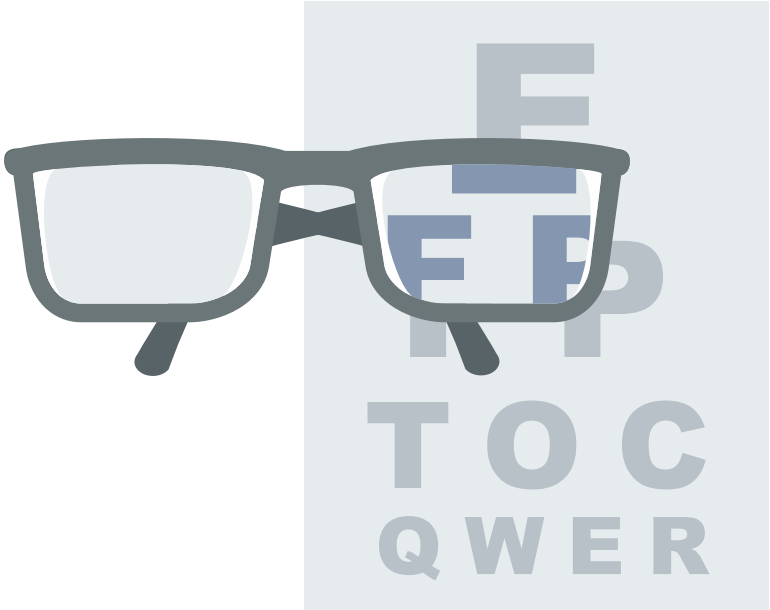
Routine Vision – Blue View Vision Network

You have an allowance for eyeglass lenses or contact lenses every plan year. You pay the remaining cost for frames and lenses after Your Health Plan's Reimbursement.

Covered Services	Blue View Vision Network *(once per plan year)*	Non-Blue View
Routine eye exam	You pay $40 copayment	Plan pays up to to $50
Eyeglass lenses	You pay $20 copayment	Plan pays up to: $50 single lenses; $75 bifocal; $100 trifocal
Eyeglass frames	Plan pays up to $100* retail allowance	Plan pays up to $80
Contact lenses *(in lieu of eyeglass lenses)*		
Elective Conventional[1]	Plan pays up to $100 allowance then 15% discount off remaining balance	Plan pays up to $80
Elective Disposable[1]	Plan pays up to $100 allowance (no additional discount)	Plan pays up to $80
Non-Elective[1]	Plan pays up to $250 allowance	Plan pays up to $210
Lens options		
UV coating, tints, standard scratch-resistant	You pay $15	Not available
Standard polycarbonate	You pay $40	Not available
Standard progressive *(in addition to bifocal copayment)*	You pay $65	Not available
Standard anti-reflective	You pay $45	Not available
Other add-ons	You pay 20% off retail	Not available

*You may select a frame greater than the covered allowance and receive a 20% discount for any additional cost over the allowance.

[1] Elective contact lenses are typically elected in lieu of eyeglass lenses. Non-Elective contact lenses are medically necessary contacts when glasses are not an option for vision correction, such as after cataract surgery.



Medical and Behavioral Health

Many of your medical and behavioral health services require 20% coinsurance after meeting a deductible. See the Key Advantage 1000 Benefits Benefits at a Glance for the details .

Medical providers include:

- Primary care physicians who are general or family practitioners, internists and pediatricians
- Specialists such as endocrinologists or cardiologists (No Referral Needed)

Behavioral health providers include:

- Clinical social workers, professional counselors, clinical nurse specialists, and marriage/family therapists
- Psychologists
- Psychiatrists

To avoid higher out-of-pocket costs, always check to be sure a provider is in the network. Simply ask the provider, call Anthem Health Guide, or use Find A Doctor at **anthem.com/tlc**.

Care When Traveling – out of state or worldwide

BlueCard® PPO Program for care in the U.S.

What happens if you're traveling or living outside Virginia and you need care? You have access to care across the country through the **BlueCard® PPO Program**. This includes **95% of doctors and 96% of hospitals in the U.S.** When you see a BlueCard program doctor or hospital you pay only your usual plan deductible, copayment or coinsurance, and the provider files your claim for you. If you go to a doctor or hospital outside the program, you'll need to pay the entire bill up front and file your own claim.

Always show your Anthem ID card when you receive services. The "PPO-in-a-suitcase" symbol shows you can get care from BlueCard PPO Program providers.

Looking for a BlueCard PPO Program doctor or hospital?

1. Go to **bcbs.com** and select **Find a Doctor**.
2. Log in to the **Sydney mobile app** and select *Find Care*.
3. Call Anthem Member Services at **1-800-552-2682** for help.

Blue Cross Blue Shield Global Core Program for care outside the U.S.

If you're outside the U.S. and need care:

- Go to **bcbsglobalcore.com** and register or login. You can also download the **Blue Cross Blue Shield Global Core app** to search for a doctor or hospital.
- Need help finding a doctor or hospital, or have questions about getting care abroad? Call the Blue Cross Blue Shield Global Core Service Center at **1-800-810-2583 (BLUE)** or call collect at **1-804-673-1177**. A service representative will help you set up a doctor visit or hospital stay. An assistance coordinator, together with a medical professional, will arrange a doctor's appointment or hospital stay, if needed.
- Contact the Blue Cross Blue Shield Global Core service center if admitted to the hospital, and call the Anthem Member Services number shown on your ID card for precertification.
- You will need to pay up front for care, then fill out a Blue Cross Blue Shield Global Core claim form. Send the form and the bill(s) to the address on the form. Download the claim form from **bcbsglobalcore.com** and enter the three-digit alpha prefix found on your ID card. Or call Blue Cross Blue Shield Global Core at **1-800-810-2583 (BLUE)** to request the form.

Good to Know

Medical transport from another country to the United States (known as medical repatriation) is not covered under your plan. You may want to purchase travel insurance to cover that for you.

LiveHealthOnline.com

LiveHealth Online lets you have a face-to-face doctor visit from your mobile device or computer with a webcam at **no cost**. Go to livehealthonline.com or download the app so you'll be ready whenever you need these LiveHealth Online services.

- **LiveHealth Online Medical** – Use your smartphone, tablet or computer to see a board-certified doctor in minutes, any time, day or night. It's a fast, easy way to get care for common medical conditions like the flu, colds, allergies, pink eye, sinus infections, and more.
- **LiveHealth Online Psychology** – Use your device to make an appointment to see a therapist or psychologist online.
- **LiveHealth Online Psychiatry** – Unlike therapists who provide counseling support, psychiatrists can also provide medication management. Use your device to set up a visit online.
- **LiveHealth Online EAP** – You can access your free EAP counseling sessions from your device. Contact your EAP to learn more.

Key Advantage 1000 members - now pay $0 for a LiveHealth Online visit!

Employee Assistance Program (EAP)

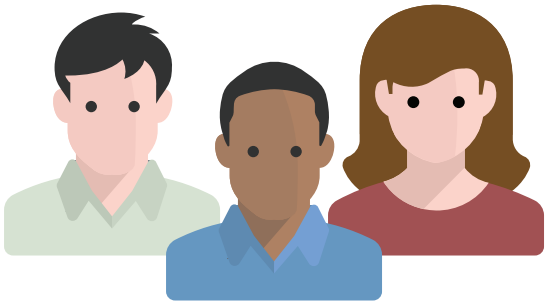
Your EAP gives you, your covered dependents and members of your household **up to four free confidential counseling sessions per issue** each plan year.

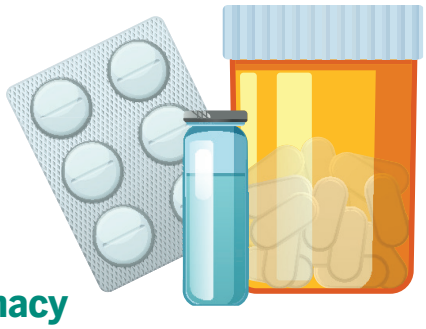
Turn to your EAP for information and resources about:

- Emotional well-being
- Addiction and recovery
- Work and career
- Childcare and parenting
- Helping aging parents
- Financial issues (including free credit monitoring and identity theft recovery)
- Legal concerns
- Smoking cessation

Learn all about your EAP services and resources. Call 1-855-223-9277 or visit online at anthemEAP.com.

Enter **Commonwealth of Virginia** as company name and select *The Local Choice*





Prescription Drugs

Your prescription drug benefits are through Anthem Pharmacy, delivered by IngenioRx. It is a **mandatory generic** program which means if you or your doctor requests a brand name drug when a generic is available, you will pay for the brand copayment plus the difference between the allowable charge for the generic and the brand name drug.

Drug Tiers

Your pharmacy benefit categorizes covered drugs into four tiers, and each tier has a specific copayment. Periodically a drug may move from one tier to another.

Tier 1	Generic drugs
Tier 2	Lower cost preferred brand name drugs
Tier 3	Higher cost non-preferred brand name drugs
Tier 4	High cost Specialty brand name drugs

See page 4 for co-pay amounts.

Q. Can I get a 90-day supply of my drug at a network retail pharmacy?

Yes. You'll pay three one month copayments for the drug. Keep in mind that you pay **only two copayments for a 90-day supply** when you use the home delivery pharmacy.

Q. Can I get a brand name drug instead of a generic?

You have a mandatory generic drug program. However, if there is no generic equivalent for the drug, you may get the brand and pay only the applicable copayment. If there is a generic equivalent available, you may opt to use the brand, but you'll pay the brand copayment plus the difference between the brand and generic allowable charge.

Q. What if I need more than a 34-day supply because I'm travelling out of the country and won't have access to a participating pharmacy?

You can submit the Prescription Drug Refill Exception Request form to the Department of Human Resource Management (DHRM). It's available at **anthem.com/tlc** under Forms.

Retail Pharmacy

Get up to a 34-day supply of covered drugs at a network retail pharmacy. You can also get a three month supply of the drug by paying three one month copayments at the time of purchase.

Your retail pharmacy network has more than 64,000 pharmacies across the country – including most chains and some local, independent pharmacies. To check if your pharmacy is in the network, simply ask your pharmacist, go to **anthem.com**, or call us at **1-833-267-3108**.

When you use a network pharmacy, you pay only the applicable cost. If you choose an out-of-network pharmacy, you'll need to pay the total cost of the drug when you pick it up, and then file a Prescription Drug Claim Form to get reimbursed for the applicable benefit. You may be responsible for the difference between the pharmacy's charge and the plan's allowable charge for the drug.

Home Delivery Pharmacy

This is a convenient, cost-saving way to get a 90-day supply of medications you take on a regular basis. You pay two copayments for a three-month supply of drugs, and the medication is delivered right to your home.

By phone: Call **1-833-267-3108**. A representative will help you with your order. Have your prescription, doctor's name, phone number, drug name and strength, and credit card handy when you call.

Online: Login to **anthem.com** and select Pharmacy Resources under the Pharmacy tab to request a new prescription or refill a current prescription. Use your online Pharmacy tools to set up automatic refills, compare drug costs, and get details about medications.

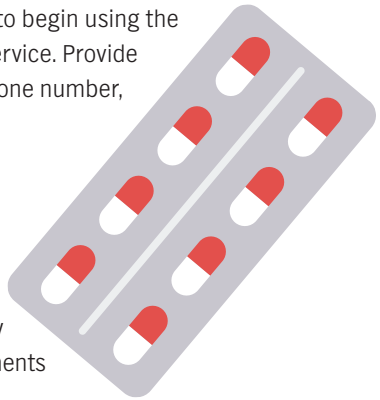
You pay **only two copayments for a three-month supply** of drugs when you use the Home Delivery service, and the medication is delivered right to your home.

Specialty Pharmacy

Specialty Home Delivery

Your pharmacy program includes access to home delivery of specialty drugs. Specialty medications include biopharmaceutical and injectable drugs.

Contact **1-833-267-3108** to begin using the Specialty Home Delivery service. Provide your doctor's name and phone number, and we'll do all the rest.



Specialty Retail

You can also obtain your specialty drugs from a participating retail pharmacy for up to a 34-day supply, or pay three copayments for a three month supply.

Prior Authorization

(required for some prescriptions)

Most prescriptions are filled right away when you take them to the pharmacy. However, some drugs need to be reviewed before they are covered. This process is called Prior Authorization. It focuses on drugs that may have:

- A risk of side effects or harmful effects when taken with other drugs
- The potential for incorrect use or abuse
- Options that cost you less and may work better
- Rules for use with certain health conditions

If Prior Authorization is needed, your doctor must submit the request. A decision whether the drug will be covered is usually made within 24-48 hours from the time of the request.

Need help? Call Anthem Pharmacy at **1-833-267-3108**. Available 24/7/365.

Managing Prescription Drug Costs

- **Dose Optimization** typically means increasing the drug dose or amount so that you only have to take it once a day.
- **Quantity Limits** ensure a drug is prescribed according to Federal Drug Administration (FDA) and industry standards.
- **Step Therapy** is used for certain drugs to help you and your doctor choose the drug that's right for you by trying certain drugs first in a step-by-step process.

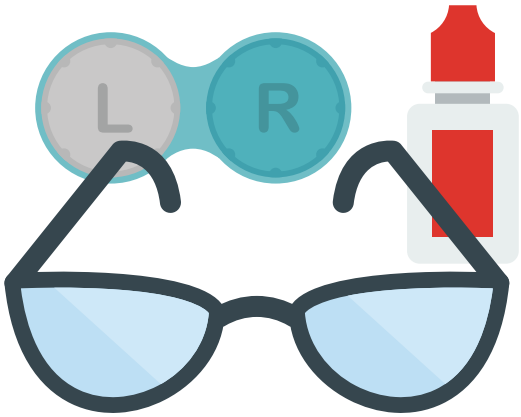
For more details, see the **Prescription Drug Plan Overview** brochure or your plan Member Handbook at **anthem.com/tlc**.

Routine Vision Benefits

Your routine vision benefits are available from Blue View Vision℠ once every plan year. You may have your eye exam and purchase lenses and frames from any Blue View participating optician, optometrist or retail setting, including 1-800 CONTACTS, LensCrafters®, Target® Optical, Sears Optical℠, and JCPenney® Optical. If you receive your eye exam, eyeglass frames or lenses from a non-Blue View provider, the non-Blue View network benefits will apply. Please see page 6 for more details on your routine vision benefits.

Go to anthem.com/tlc and click on Find a Doctor to find a Blue View provider near you.

Note: If you need medical, non-routine treatment for your eyes, consult your physician or an Anthem PPO network eye specialist.



Dental

(administered by Delta Dental)

You have two choices for your dental benefits. The Comprehensive dental option includes Preventive, Primary, Major, and Orthodontic dental services. The Preventive option is available for a lower premium but only includes the twice per plan year routine oral exam, cleaning, x-rays, sealants, and fluoride for children. You indicate which dental option you want using a TLC enrollment form.

To reduce your out-of-pocket expense, choose a Delta Dental network dentist. View the Delta PPO and Premier networks of dentists at **deltadentalva.com**. Claims will be handled by the dentist's office and you will be responsible only for the dental deductible and coinsurance that applies to the covered care you receive. If you go to a non-network dentist, you pay the dental deductible and coinsurance plus any amount above the allowable charge that the dentist may bill you.

When you anticipate dental charges over $250, have your Delta Dental dentist file a pre-determination (pre-treatment) estimate.

Get the details at **deltadentalva.com**. Click on **The Local Choice** from the home page.

- View your benefits booklet
- Find a dentist
- Check claims
- Learn about good oral health

Health & Wellness Programs

Your Key Advantage 1000 plan includes access to personalized plan/benefit guidance via **Anthem Health Guide**. A team of care professionals can connect you to a host of health and wellness programs to help guide you in managing your health issues. Conveniently talk via phone call, chat session, email, or schedule a call back through your computer or mobile device.

- **Sydney:** The **Sydney mobile app** acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly. Download from the App Store (iOS) or Google Play (Android).
- **ConditionCare:** Take advantage of free and confidential support to manage these conditions:
  - Asthma
  - Heart failure
  - Diabetes
  - Chronic obstructive pulmonary disease (COPD)
  - Coronary artery disease (CAD)

  You may receive a call from ConditionCare if your claims indicate you or an enrolled family member may be dealing with one or more of these conditions. While you're encouraged to enroll and take advantage of help from registered nurses and other health care professionals, you may also opt out of the program when they call.
- **Future Moms:** Enroll within the first 16 weeks for free pre- and post-natal support. Access a nurse coach and other maternity support specially designed to help women have healthy pregnancies and healthy babies.
- **MyHealth Advantage:** Receive personalized health-related suggestions, tips, and reminders via mail or email to alert you of potential health risks, care gaps or cost-saving opportunities.
- **Staying Healthy Reminders:** Receive reminders of important checkups, tests, screenings, immunizations, and other preventive care needs for you and your family.
- **24/7 NurseLine & Audio Health Tape Library:** Sometimes you need health questions answered right away – even in the middle of the night. Call 24/7 NurseLine **(800-337-4770)** to speak with a nurse. Or use the Audio Health Library if you want to learn about a health topic on your own. Your call is always free and completely confidential.

See more information on Health & Wellness programs at **anthem.com/tlc.**

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 ਹਾਂਸਲ ਕਰਨ ਦਾ ਿਅਧਕਾਰ ਹੈ। ਬਸ ਆਪਣy ਆਈਡੀ ਕਾਰਡ ਤੇ iਦੱਤੇ ਸਿਰਵਸ 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

Quick Access to Your Plan

Anthem.com/tlc

Your dedicated website for health benefits documents, no log in needed

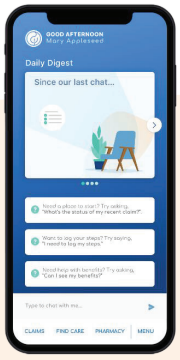
- Download your health benefits summary and member handbook
- Find a doctor and urgent care
- Register for LiveHealth Online video doctor visits
- Learn about your Employee Assistance Program (EAP)

Anthem.com

Log in to your confidential and secure account

- View your claims
- Download your ID card
- Find a doctor and urgent care
- Refill prescriptions online
- Compare costs for hundreds of medical procedures

Sydney mobile app

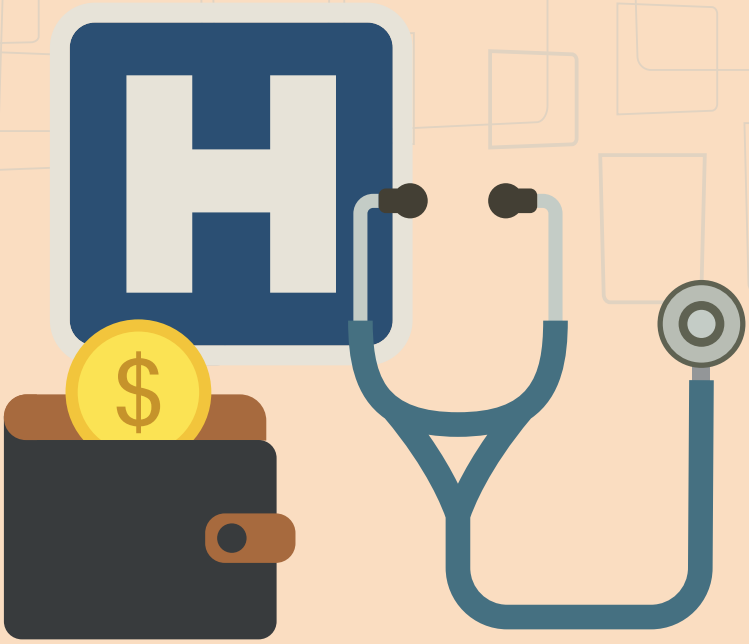


Download on the App Store

GET IT ON Google Play

Log in using your anthem.com user name and password to:

- View your ID card
- See all your medical and pharmacy benefits in one place
- Use the chatbot to get answers and resources quickly



Who To Contact Quick Reference

Anthem Health Guide ○ *Medical Customer Service* ○ *Health and Wellness Programs*	**1-800-552-2682** | **anthem.com/tlc**
Anthem Behavioral Health and Employee Assistance Program (EAP)	**1-855-223-9277** | **anthemEAP.com** *(Company Name: Commonwealth of Virginia)*
Anthem ID Card Order Line	**1-866-587-6713**
BlueCard PPO *(coverage outside Virginia)*	**1-800-810-2583** | **bcbs.com**
Blue Cross Blue Shield Global Core *(coverage outside of the U.S.)*	**1-800-810-2583** | **bcbsglobalcore.com**
Delta Dental	**1-888-335-8296** | **deltadentalva.com**
Anthem Pharmacy	**1-833-267-3108** | **anthem.com/tlc**
LiveHealth Online	**livehealthonline.com**
The Local Choice	**Commonwealth of Virginia** **Department of Human Resource Management** **101 N. 14th Street - 13th Floor** **Richmond, VA 23219** **tlc@dhrm.virginia.gov**

Eligibility questions? If you have questions about eligibility for the TLC health benefits program, please contact your Benefits Administrator for further information.

Language Access Services - (TTY/TDD: 711)
(Spanish) - Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.
(Korean) - 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오
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A10436 (12/2019)