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PERSONAL CARE SERVICES

CONSUMER DIRECTED

PERSONAL ASSISTANCE PROGRAM

Using your plan

Your guide to open enrollment and making the most of your benefits

**Empire Blue Access EPO / Dental / Vision / Anthem Life
CPC Home Attendant Program (Patient Assistant Employees)
Effective March 1, 2023**



An Anthem Company

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

CHINESE – AMERICAN PLANNING COUNCIL
HOME ATTENDANT PROGRAM, INC.
CONSUMER DIRECTED PERSONAL ASSISTANCE PROGRAM

1 York Street, 2nd Floor
New York, NY 10013 – 2904
PHONE: (212) 219-8100
FAX: (212) 966-7371

IMPORTANT: PLEASE KEEP THIS INFORMATION FOR YOUR FUTURE REFERENCE

MEMORANDUM

TO: New employees of CPC HAP CDPAP

FROM: Julian Kang, Fiscal Director

RE: Enrolling in your employee benefit plans (medical, dental, vision, term life)

The premiums for your benefits are paid for by your employer after your contribution.

If you elect to cover any of your dependents you must pay for them through Payroll Deduction.

Attached are the following forms: *(please use black or blue pen to complete paperwork and print neatly)*

- Explanation (description) of Benefits forms for medical, dental, vision and term life insurance.
- Enrollment form for **medical benefits** with **BLUE CROSS BLUE SHIELD**. Please review, complete and sign as applicable.
- Enrollment form for **dental benefits** with **BLUE CROSS BLUE SHIELD DMO**. Please review, complete and sign as applicable.
- Enrollment form for **vision benefits** with **BLUE CROSS BLUE SHIELD**. Please review, complete and sign as applicable.
- Enrollment form (including beneficiary information) for your **term life insurance benefits** with **BLUE CROSS BLUE SHIELD**. Please review, complete and sign as applicable.
- **REFUSAL (“WAIVER”) of INSURANCE** Form. Please review, complete and sign as applicable.
- **CHANGE OF PAYROLL DEDUCTION** form. Please review, complete and sign as applicable.

The forms must be completed, signed and returned to your interviewer/manager today.

If you elect to cover any dependents (either your spouse and/or children), you must complete the **CHANGE OF PAYROLL DEDUCTION form. Please indicate the benefits, if any, you wish to select for your dependents and sign the form. Also indicate on each of the above enrollment forms (by printing neatly) any dependents you wish to cover. If you do not choose dependent coverage at this time the next opportunity to do so will be next year on CPC HAP CDPAP’s plan anniversary.**

Forms must be completed, signed, and then returned to your manager today before you leave for your benefits to become effective when you qualify. Forms must be completed and on hand for submission to insurance carriers/providers when you qualify for benefits. Speak with your manager if you have any questions.

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PLEASE READ CAREFULLY

To All Personal Assistants (PA):

On March 1, 2023 CPCHAP Management successfully concluded its negotiations an improved “benefits package” for Personal Assistants with a replacement insurance carrier (**EMPIRE BLUE CROSS/BLUE SHIELD (hereinafter referred to as BCBS)**). Summarized below are the results of that effort:

Medical Insurance – The **EMBLEMHEALTH** medical insurance coverage **has been replaced by BCBS medical insurance coverage effective March 1, 2023**. CPCHAP Management is pleased to report that this change helped CPCHAP avoid a substantial renewal premium rate increase while still allowing us to maintain several important improvements in benefit design for the benefit of Personal Assistants as follows:

1. **Doctor Office (Primary) copay will continue to be \$15 for both adults and dependents.**
2. **Specialist copay will continue to be \$25 for both adults and dependents.**
3. **Diagnostic Lab copays and Diagnostic Radiology copays will continue to be \$0.**
4. **Individual and Family “MOOP” (Maximum Out-Of-Pocket financial exposure) had a slight increase from \$2,500 Individual/\$5,000/Family to \$2,500/Individual/\$6,250/Family due to carrier filing restrictions.**
5. **You will continue to have access to both Labcorp and Quest Diagnostics for lab/blood work.**
6. **The per person Rx deductible before copay access will continue to be \$0.**
7. **Personal Assistants will now have access to BCBS’s upgraded regional provider network called the “BLUE ACCESS” provider network with an overlay of their BLUECARD PPO PROGRAM for medical and hospital services outside the tri-state area. CPCHAP Management found that these provider networks compared favorably to EMBLEMHEALTH’S “BRIDGE” provider network from a hospital, ancillary facility, primary care physician, and general medical provider standpoint. Please visit the BCBS website to check if your physicians are in the BLUE ACCESS provider network.**

Dental Insurance – This coverage (Aetna DMO) will be replaced by the **BCBS ENHANCED CARE PLUS OPTION D DMO PLAN** with essentially the same dental benefits. Please check the BCBS benefit summary for details.

Vision Insurance – This coverage (Aetna Vision) will be replaced by the **BCBS “BLUE VISION” VISION PLAN** with essentially the same vision benefits. Please check the BCBS benefit summary for details.

Term Life Insurance – This coverage (The Hartford \$10K Term Life Insurance) will be replaced by the **BCBS TERM LIFE INSURANCE PLAN** with the same term life insurance benefits.

Each covered **Personal Assistant** should receive a new **BCBS** identification card on or about **Saturday March 4, 2023**. Please double-check to make sure the spelling of your name is correct when you receive the new identification card. Please contact the CPCHAP office if you still have not received your new identification card by **Friday March 10, 2023**. Please remember to discard your **EMBLEMHEALTH** identification (ID) card and to give a copy of your new **BCBS** identification (ID) card to all of your medical, dental, laboratory and pharmacy (Rx) providers.

Please review the attached “**BCBS MEDICAL Benefits Summary**” and retain this information in a secure location. If you have any questions about your coverage after reviewing the attached benefits summary, please call the **BCBS “information hotline” 844-995-1736** shown on your new **BCBS** identification card.

CPCHAP Management looks forward to continuing to be able to offer **Personal Assistants** a quality package of benefits.

Respectfully,

CPCHAP Management

Updated 3-1-2023

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Explanation of Basic Benefits (updated 3-1-2022)
Medical with Medical with EMPIRE BCBS BLUE ACCESS EPO

This is an EPO Plan. An EPO is a plan with in-network benefits only. The EMPIRE BCBS BLUE ACCESS EPO PLAN with the BCBS BLUE ACCESS PROVIDER NETWORK has in excess of 100,000 doctor (PROVIDER) locations in their network, and over 200 hospitals in the Metropolitan NY area (in addition to access to select national in-network coverage). You do not need a referral from a primary care physician to see a specialist. Please refer to the attached detailed Summary of Benefits. Some EMPIRE BLUE CROSS BLUE ACCESS EPO PLAN medical coverage highlights:

Doctor Office Visit Copay:	\$ 15.00
Specialist Office Visit Copay:	\$ 25.00
Diagnostic Services (i.e., X-Rays, Lab Tests, EKG's, etc.): performed in a Doctor's Office or at a free-standing lab	\$ 0.00
Preventive Adult Care (adult wellness visit) (i.e., physical exams, pap smear, mammography, ear exam, Prostate cancer screening, etc.) (included in doctor office or specialist office visit copay)	\$ 0.00
Well Child Care (to age 19 including immunizations)	\$ 0.00
Emergency Room Copay: (waived if admitted as an inpatient)	\$ 100.00
Inpatient Hospital Services/Skilled Nursing Facility (SNF): Copay per inpatient admission	\$ 250.00
Outpatient Hospital Facility Services: (including Ambulatory Surgery) Copay per service/event	\$ 100.00
Maximum Annual Out-Of-Pocket (MOOP) Limit - Individual/Family	\$2,500/\$6,250
Annual In-Network Maximum Benefit:	Unlimited
Lifetime In-Network Maximum Benefit:	Unlimited
Prescription (Rx) Drugs:	Generic (Tier 1) \$ 15.00
Retail Deductible \$0 Per family member per annum	Brand (Tier 2) \$ 35.00
Rx Mail Order (90-day supply) Copays \$37.50/\$87.50/\$187.50, No deductible	Non-Formulary (Tier 3) \$ 75.00
Dependent covered until end of month in which dependent turns age 26	

Please note that use of the mail order option for maintenance type medications will result in reduced copays. For specific questions on your EMPIRE BCBS BLUE ACCESS EPO PLAN Prescription Drugs benefit please call 844-995-1736.

Please check with a doctor's office/provider's office to make sure they are an in-network provider and they accept your EMPIRE BCBS BLUE ACCESS EPO PLAN insurance. Please make sure that when you are sent for tests (i.e., blood tests, X-rays, etc.) make sure to remind the doctor's office/provider's office that you can only be sent to locations which accept your EMPIRE BCBS BLUE ACCESS EPO PLAN insurance (IMPORTANT – the EMPIRE BCBS BLUE ACCESS EPO PLAN has national lab contracts with LabCorp and Quest Diagnostic Labs.)

To locate an in-network provider you can either call EMPIRE BCBS BLUE ACCESS EPO PLAN Customer Service at 844-995-1736 or go to EMPIRE BCBS BLUE ACCESS EPO PLAN's website (www.EmpireBlue.com) and click on the link "FIND CARE" which will bring you to the instructions to "Find a Medical Provider". You will be receiving an EMPIRE BCBS BLUE ACCESS EPO PLAN'S ID card in the mail. Please review your EMPIRE BCBS BLUE ACCESS EPO PLAN'S Plan Certificate when you receive it in the mail.

Dental DMO with EMPIRE BCBS Dental INSURANCE

This is a Dental HMO (referred to as a DMO) with in-network benefits only. Some dental procedures are performed at no cost and others require a co-payment. Please refer to the attached Dental detailed Summary of Benefits. To locate a dentist you can either call EMPIRE BCBS DENTAL DMO at 844-995-1736 or go to EMPIRE BCBS DENTAL DMO's website (www.EmpireBlue.com) and click on the link "FIND CARE" which will bring you to the instructions to "Find a Dental Provider". You will be receiving a BCBS DMO ID card in the mail. Please review your EMPIRE BCBS DENTAL DMO's Plan Certificate when you receive it in the mail.

Vision Care with EMPIRE BCBS Vision INSURANCE

This is a vision EPO/PPO (with a fixed \$ benefit limit) which provides access to a wide range of vision services providers. This plan provides an allowance for lenses annually, and for frames once every two years. To locate a vision services provider call EMPIRE BCBS Vision at 844-995-1736 or go to EMPIRE BCBS'S Vision's website (www.EmpireBlue.com) and click on the link "FIND CARE" which will bring you to the instructions to "Find a Vision Services Provider". EMPIRE BCBS VISION will issue you a vision ID card. Please read the attached benefits summary to make most efficient use of your EMPIRE BCBS Vision benefits.

Term Life Insurance/AD&D with EMPIRE BCBS Term Life INSURANCE

\$10,000 term life insurance coverage per employee. It is imperative that you, the employee, complete and immediately return the term life insurance "BENEFICIARY FORM" with clearly identified and designated beneficiary information in order for the insurance carrier to recognize your wishes for designated beneficiary/beneficiaries under this Term Life Ins. policy

Note about Dependent Coverage: The monthly premiums for the above benefits are mostly paid for by your employer. If you wish to cover your dependents (spouse, children, etc.) for any of the above listed benefits the cost will be deducted from your pay. Please refer to attached memorandum listing rates and details. Please contact CPC or a supervisor if you have any questions.

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MEMORANDUM

3-1-2023 CDPAP BENEFITS OPEN ENROLLMENT

TO: CPC HAP CDPAP PA Employee

ATTN: Accounting Department

Address of Employer: 1 York Street, 2nd Floor, New York, NY 10013

If you are interested in enrolling in any of CDPAP's benefits programs listed below please complete the information below and sign the document at the bottom of the form.

You are hereby authorized and directed to deduct from my wages or salary the total sum listed below per pay period.

Medical coverage through Blue Cross Blue Shield :

Major medical coverage for myself will cost per pay period \$ 18.00: (initial) _____
Major medical coverage for my spouse will cost per pay period \$ 110.00: (initial) _____
Major medical coverage for my child(ren) will cost per pay period \$ 100.00: (initial) _____
Major medical coverage for my spouse + child(ren) will cost per pay period \$ 160.00: (initial) _____

Dental coverage through Blue Cross Blue Shield :

Dental coverage for myself will cost per pay period \$ 0.00: (initial) _____
Dental coverage for my spouse will cost per pay period \$ 4.00: (initial) _____
Dental coverage for my child(ren) will cost per pay period \$ 4.00: (initial) _____
Dental coverage for my spouse and children will cost per pay period \$ 8.00: (initial) _____

Vision coverage through Blue Cross Blue Shield :

Vision coverage for myself will cost per pay period \$ 0.00: (initial) _____
Vision coverage for my spouse will cost per pay period \$ 3.00: (initial) _____
Vision for my child(ren) will cost per pay period \$ 3.00: (initial) _____
Vision for my spouse and children will cost per pay period \$ 5.00: (initial) _____

TOTAL \$ AMOUNT TO BE WITHHELD PER PAY PERIOD: \$ _____

The change is to be effective: 3 / 1 / 2023

Signed: _____

Date: _____ / _____ / _____

Print Name: _____ Social Security #: _____ -- _____ --

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VOLUNTARY REFUSAL OF INSURANCE FORM

I was given the opportunity to enroll in a group insurance plan offered by Chinese-American Planning Council, H.A.P. Inc., Consumer Directed Personal Assistance Program and I have voluntarily chosen **NOT to participate** in (to waive out of) the following individual plans offered me (as indicated by my initials on the selected lines below).

Please initial each line where coverage is being waived.

_____ **Refusal of BLUE CROSS BLUE SHIELD Vision Insurance**

_____ **Refusal of BLUE CROSS BLUE SHIELD Dental Insurance**

_____ **Refusal of BLUE CROSS BLUE SHIELD Medical Insurance**

I acknowledge that I am voluntarily waiving out of (refusing) these benefits currently being offered to me. I also acknowledge that I have been advised that I may reconsider this decision at a later date, and participate (enroll) on the anniversary of the aforementioned coverages' renewal dates.

Please indicate **REASON FOR YOUR WAIVER OF COVERAGE** by placing an "XX" on the line of the reason for your waiver.

_____ **ENROLLED in MEDICAID Coverage (W1)**

_____ **ENROLLED in MEDICARE PARTS A, B and D Coverage (W2)**

_____ **ENROLLED Under SPOUSE'S/DOMESTIC PARTNER'S Medical Coverage (W3)**

_____ **ENROLLED Under PARENT(S) Coverage (Under Age 26) (W4)**

_____ **ENROLLED in VETERANS (VA) OR MILITARY RETIREE BENEFITS (W5)**

_____ **ENROLLED IN OTHER INSURANCE COVERAGE (W9) (please indicate) _____**

_____ **OTHER REASONS (W10) _____**

PRINT NAME: _____ **SSN#:** _____ -- _____ -- _____

SIGNATURE: _____ **DATE:** _____ / _____ / _____

How to use your plan

Register for online tools and resources

Your plan comes with great tools and programs to help you reach your health goals and save money on health products and services that may come at no extra cost. For detailed information, use the **Sydney Health** mobile app or register at empireblue.com.

Sydney Health mobile app

Discover a powerful and more personalized health app. Access your benefits and wellness tools to improve your overall health with the **Sydney Health** app. The app works with you by guiding you to better overall health — and brings your benefits and health information together in one convenient place. **Sydney Health** has everything you need to know about your benefits to make the most of them while taking care of your health.

Working with you:

- Reminding you about important preventive care needs.
- Planning and tracking your health goals, fitness, and rewards.
- Guiding you with insights based on your history and changing health needs.
- Empowering you with personalized resources to find and compare doctors and check costs.

Working for you:

- **Virtual chat visits** — **Sydney Health** can link you directly to doctors for virtual chat visits at low to no additional-cost.* During your appointment; the doctor will evaluate your symptoms; discuss your treatment options, and order prescriptions, if you need them.
- **Virtual video visits** — You can also use **Sydney Health** to connect with a doctor through video visits.
- **Virtual primary care** — When you need preventive care, such as wellness check-ins, lab work referrals, new prescriptions or refills, specialist referrals, or help with a long-term condition such as asthma, you can use **Sydney Health** to have a video visit with a doctor.

* Pricing based on \$0 copay benefit; eligibility offered through your plan.

How to use your plan

Use your ID card from your phone

Quickly access your ID card on your phone by using the **Sydney Health** mobile app or logging in at empireblue.com. Your digital ID card works the same as a paper one. You can share it with your doctor or pharmacy by printing a copy anytime you need one, or emailing or faxing it from your computer or mobile device. You also can download your ID card for quicker access.

Find a doctor in your plan

The right doctor can make all the difference. Choosing a doctor who is in your plan's network can save you money. Your plan includes a broad selection of high-quality doctors. If you decide to receive care from doctors outside the plan's network, it will cost you more and your care might not be covered.

To find a healthcare professional or facility in your plan's network, use the **Find Care** tool on the **Sydney Health** mobile app or at empireblue.com. You can search for doctors, hospitals, pharmacies, and high-quality labs such as Quest Diagnostics and Labcorp.

Schedule a checkup

Preventive care, such as regular checkups and screenings, can help you avoid health issues in the future. Your plan covers these services at little or no extra cost when you see a doctor in your plan's network:

- Yearly physical
- Well-child visits
- Flu shot
- Routine shots
- Screenings and tests

Receive the COVID-19 vaccine or booster shot at no extra cost

A COVID-19 vaccine can help keep you, your family, and your community safe. You and your covered family members will not have to pay out-of-pocket costs for COVID-19 vaccine or booster doses. Your Empire plan covers them.

You can visit any healthcare professional for your vaccine or booster shot, including those outside your plan's network.

Go to vaccines.gov to find COVID-19 vaccine locations near you.

How to use your plan

Travel with peace of mind

Your health plan goes with you when you're away from home and need care immediately. The BlueCard program gives you access to services across the country. This includes 1.7 million doctors and hospitals with Blue Cross Blue Shield companies.¹ If you're traveling out of the country, you can receive care through the Blue Cross Blue Shield Global Core program. It gives you access to doctors and hospitals in more than 190 countries and territories around the world.²

If you need care in the U.S., go to [empireblue.com](https://www.empireblue.com). When you're outside the U.S., visit [bcbsglobalcore.com](https://www.bcbsglobalcore.com) or download the BCBS Global Core mobile app. You also can call Blue Cross Blue Shield Global Core 24/7 at 011-800-810-BLUE (2583) or call collect by dialing 0170 and telling the operator you want to call 011-804-673-1177.

If you have questions about travel benefits, call the Member Services number on your ID card before you leave home.

Access care from home in a way that works for you

- **Assess your symptoms online at no cost.** Answer questions through the **Sydney Health** intuitive Symptom Checker. It uses the information you provide to narrow down millions of medical data points and assess your specific symptoms before you visit a doctor.
- **Chat with a doctor at low to no additional-cost.**³ **Sydney Health** can link you directly to doctors for virtual chat visits. During your appointment, the doctor can evaluate your symptoms; discuss your treatment options; and order prescriptions; if you need them.
- **Have a video visit with a doctor.** You can also use **Sydney Health** to connect with a doctor through video visits.
- **Schedule a virtual primary care appointment** for routine care and prescription refills, if needed. You can also receive a personalized care plan for chronic conditions, such as heart disease.

Where to go for care when you need it now

When it is an emergency, call 911 or go to the nearest emergency room. If you need nonemergency care right away:

- Check to see if your primary care doctor can see you.
- Search for nearby urgent care to avoid costly emergency room visits and long wait times.
- See a doctor anytime using LiveHealth Online from your mobile device or computer.
- Call 24/7 NurseLine and receive helpful advice from a registered nurse.

¹ Blue Cross Blue Shield Association, Personalized Healthcare, Nationwide (accessed March 2022), [bcbs.com](https://www.bcbs.com).

² GeoBlue, More than 20 years as a leader in international healthcare (accessed May 2021), [about-geo-blue.com](https://www.about-geo-blue.com).

³ If you have a high-deductible health plan and have not met your deductible, the price of a visit will be \$39, starting on the date in 2022 your plan renews.

LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Plan extras that support your health

Medical guidance

24/7 NurseLine — You can connect with a registered nurse who will answer your health questions wherever you are — anytime, day or night. They can help you decide where to go for care and find doctors and other healthcare professionals in your area.

Call 800-337-4770.

Empire Health Guides — Highly trained Empire associates are like personal support guides who can help you with all your healthcare needs. They can help you connect with the right resources, stay on top of the screenings and tests you need, and find doctors. Reach a health guide by calling the number on your member ID card. You also can go to empireblue.com to send a secure email or chat with them online.

Case Management — If you're coming home after surgery or have a serious health condition, a nurse care manager can help answer your questions about your follow-up care, medicines and treatment options, coordinate benefits for home therapy or medical supplies, and find community resources to help you. Your nurse care manager will call you, but you also can call the Member Services number on your ID card.

ConditionCare — Receive support from a dedicated nurse team to manage ongoing conditions, such as asthma, chronic obstructive pulmonary disease (COPD), diabetes, heart disease, or heart failure. Work with dietitians, health educators, and pharmacists who can help you learn about your condition and manage your health.

Diabetes Prevention Program — This 16-week program can help you lose weight and help reduce your risk of developing diabetes. You can choose from a variety of support services such as WW® (Weight Watchers) and HealthSlate. This program may come with a health coach, meal planner, scale, weekly lessons, and small group support. For information, go to empireblue.com and select Dashboard under the My Health Dashboard tab.

Future Moms — This program can help you take care of yourself and your baby before, during, and after pregnancy. You can talk to registered nurses 24/7 about your pregnancy and newborn care. You will also have access to dietitians and social workers, as needed.

Healthy living

MyHealth Advantage — There is no cost for this service, and it can help you stay healthy and save money. You will receive reminders when you need to refill a prescription or have a checkup, test, or exam. You will also receive a personalized and confidential MyHealth Note in the mail or on the **Sydney Health** mobile app if we see something that might help you.

SpecialOffers™ — With SpecialOffers, you can receive discounts on products and services that help promote better health and well-being.

Your summary of benefits



An Anthem Company

Empire BlueCross BlueShield

Your Plan: CPC Home Attendant Program: Empire Blue Access EPO Copay

Your Network: Blue Access

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$0 person / \$0 family	Not covered
Overall Out-of-Pocket Limit	\$2,500 person / \$6,250 family	Not covered
<p>The family out-of-pocket limit is embedded, meaning each covered person is capped at his or her per person out-of-pocket limit; in addition, cost shares for all covered family members apply to the family out-of-pocket limit, yet no one member will pay more than the per person out-of-pocket limit.</p> <p>Your copays, coinsurance and deductible count toward your out of pocket limit(s).</p>		
<p>Doctor Visits (virtual and office) <i>You are encouraged to select a Primary Care Physician (PCP).</i></p>		
<p>Medical Chats and Virtual Visits for Primary Care <i>from our Online Provider K Health, through its affiliated Provider groups are covered at No charge.</i></p>		
<p>Virtual Visits from online provider LiveHealth Online <i>for urgent/acute medical and mental health and substance abuse care via www.livehealthonline.com are covered at \$7 copay per visit; and \$25 copay per visit for covered Specialist Care.</i></p>		
Primary Care (PCP) and Mental Health and Substance Abuse Care <i>virtual and office</i>	\$15 copay per visit	Not covered
Specialist Care <i>virtual and office</i>	\$25 copay per visit	Not covered
<p><u>Other Practitioner Visits</u></p>		
Routine Maternity Care (Prenatal and Postnatal)	No charge	Not covered
Retail Health Clinic <i>for routine care and treatment of common illnesses; usually found in major pharmacies or retail stores.</i>	\$15 copay per visit	Not covered

Services provided by Empire HealthChoice Assurance, Inc., licensee of the Blue Cross and Blue Shield Association, an association of independent Blue Cross and Blue Shield plans.

Questions: Visit us at www.empireblue.com

NY/LG/Empire Blue Access EPO Copay//03-01-2023

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Chiropractic Services	\$15 copay per visit	Not covered
Acupuncture <i>Coverage is limited to 20 visits per benefit period.</i>	No charge	Not covered
<u>Other Services in an Office</u>		
Allergy Testing	No charge	Not covered
Prescription Drugs <i>Dispensed in the office</i>	No charge	Not covered
Surgery	No charge	Not covered
Preventive care / screenings / immunizations	No charge	Not covered
Preventive Care for Chronic Conditions <i>per IRS guidelines</i>	No charge	Not covered
<u>Diagnostic Services</u>		
Lab		
Office	No charge	Not covered
Freestanding Lab/Reference Lab	No charge	Not covered
Outpatient Hospital	No charge	Not covered
X-Ray		
Office	No charge	Not covered
Outpatient Hospital	No charge	Not covered
Advanced Diagnostic Imaging for example: MRI, PET and CAT scans		
Office	\$0 copay per visit	Not covered
Outpatient Hospital	\$0 copay per visit	Not covered
<u>Emergency and Urgent Care</u>		
Urgent Care <i>includes doctor services. Additional charges may apply depending on the care provided.</i>	\$25 copay per visit	Covered as In-Network

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Emergency Room Facility Services <i>Copay waived if admitted.</i>	\$100 copay per visit	Covered as In-Network
Emergency Room Doctor and Other Services	No charge	Covered as In-Network
Ambulance	\$100 copay per trip	Covered as In-Network
<u>Outpatient Mental Health and Substance Abuse Care at a Facility</u>		
Facility Fees	No charge	Not covered
Doctor Services	No charge	Not covered
<u>Outpatient Surgery</u>		
Facility Fees		
Hospital	\$100 copay per visit	Not covered
Ambulatory Surgical Center	\$100 copay per visit	Not covered
Doctor and Other Services		
Hospital	No charge	Not covered
Ambulatory Surgical Center	No charge	Not covered
<u>Hospital (Including Maternity, Mental Health and Substance Abuse)</u>		
Facility Fees		
<i>Coverage for Inpatient Rehabilitation is limited to 30 days per benefit period.</i>	\$250 copay per admission	Not covered
Physician and other services including surgeon fees	No charge	Not covered
Home Health Care		
<i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i>	No charge	Not covered
Rehabilitation and Habilitation services including physical, occupational and speech therapies. <i>Coverage for physical, occupational and speech therapies is limited to 30 visits combined per benefit period.</i>		
Office	\$15 copay per visit	Not covered

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Hospital	\$25 copay per visit	Not covered
Pulmonary rehabilitation office and outpatient hospital	No charge	Not covered
Cardiac rehabilitation office and outpatient hospital Coverage is limited to 36 visits per benefit period.	\$25 copay per visit	Not covered
Dialysis/Hemodialysis office and outpatient hospital Coverage is limited to 10 visits per benefit period. Applies to Non Network.	No charge	Covered as In-Network
Chemo/Radiation Therapy office and outpatient hospital	No charge	Not covered
Skilled Nursing Care (facility) Coverage is limited to 30 days per benefit period.	No charge	Not covered
Inpatient Hospice	No charge	Not covered
Durable Medical Equipment	No charge	Not covered
Prosthetic Devices Coverage for wigs is limited to 1 item after cancer treatment per benefit period.	No charge	Not covered
Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
Pharmacy Deductible	Not applicable	Not covered
Pharmacy Out-of-Pocket Limit	Combined with In-Network medical out-of-pocket limit	Not covered
Prescription Drug Coverage Network: Base Network Drug List: National		
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 CarelonRx Mail (IngenioRx will become CarelonRx on January 1, 2023). You will need to call us on the number on your ID card to sign up when you first use the service.		

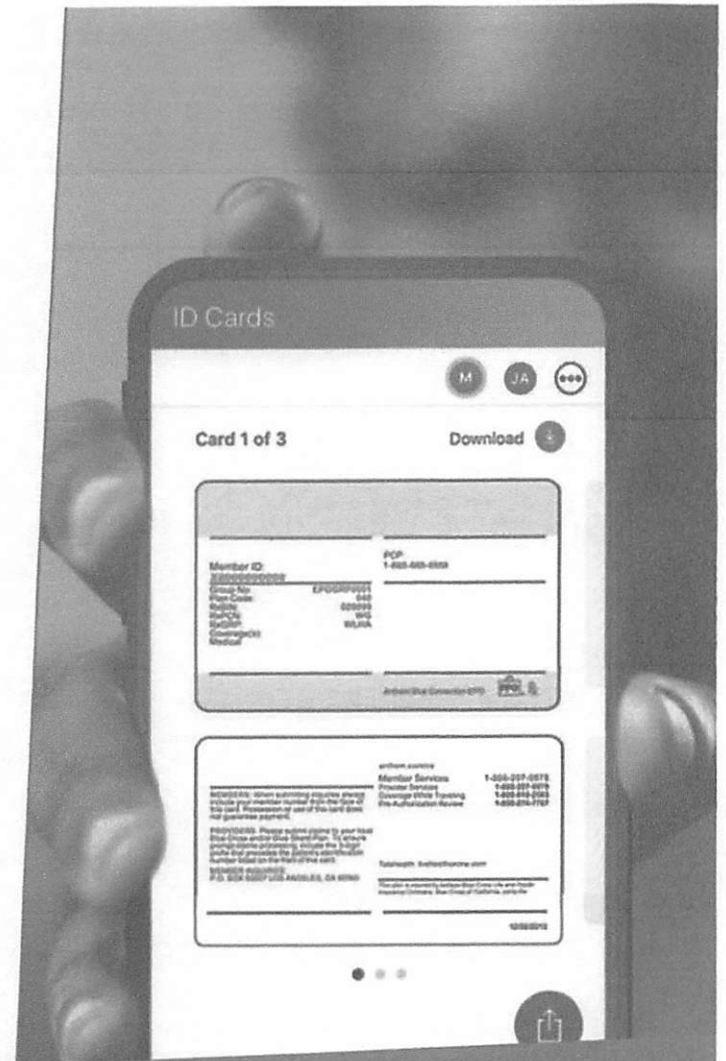
Choose digital for your member ID card

To make the most of your health plan benefits, think about choosing a digital ID card. It works just like a printed ID card, but it's more convenient to use when you need care.

A digital ID card makes it easier to access your benefits

- No need to wait for your printed card to come in the mail. Your digital ID card is available sooner.
- Using it is simple:
 - Print a copy anytime.
 - Email or fax it right from your computer or mobile device.
 - Share right from your phone with family members, doctors, and healthcare professionals.
 - Enlarge the view on your screen to read the details more easily.

Here's a tip: Download the card to your smartphone, so you'll always have it there even without a phone signal.



Sign up for your digital ID card today — in just a few steps:

1. Log in to the Sydney™ Health mobile app or empireblue.com.
2. Go to **Profile** and choose **Mobile ID Cards** under **Communication Preferences**.
3. Select **On**, and you will not receive a card by mail.



An Anthem Company

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022

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Be sure your profile includes the best email address to reach you so we can to send you important plan and ID card updates.

If you need help, use the chat feature to connect with us or call the Member Services number on your ID card. If you need a printed copy, log in to empireblue.com to print it or request us to send you one.



Covered Prescription Drug Benefits	Cost if you use an In-Network Pharmacy	Cost if you use a Non-Network Pharmacy
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.		
Tier 1 - Typically Generic	\$15 copay per prescription (retail) and \$37.50 copay per prescription (home delivery)	Not covered
Tier 2 – Typically Preferred Brand	\$30 copay per prescription (retail) and \$75 copay per prescription (home delivery)	Not covered
Tier 3 - Typically Non-Preferred Brand/Specialty Drugs	\$75 copay per prescription (retail) and \$187.50 copay per prescription (home delivery)	Not covered

Notes:

- 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.
- Covered Infertility services: lab and radiology tests, cryopreservation, fertility drugs, surgical treatments such as: Artificial Insemination, In-vitro fertilization (IVF), GIFT, ZIFT. Cost share will be applied based on service and setting. Lifetime Maximum: IVF limited to 3 cycles.

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.





Wellbeing Solutions

Focus on your well-being and earn rewards up to \$1,100

The more activities you complete, the greater your reward.

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 activities listed below sponsored by your employer, you'll earn rewards to put toward electronic gift cards for select retailers. You choose the activities you'd like to complete to receive the maximum of \$700 in rewards.


Along with the Wellbeing Solutions activities below, you can earn even more through the Gym Reimbursement program. Simply log your workouts to earn up to \$400 in fitness center reimbursements, for a total of up to \$1,100 in rewards. Go to [page 2](#) to learn more.

Activity type	Activity	Amount
 Preventive care	Have an annual preventive wellness exam or well-woman exam with your doctor	\$20
	Get an annual cholesterol test ¹	\$5
	Have a colorectal cancer screening (ages 45 and older)	\$25
	Have a routine mammogram (women ages 40 to 74)	\$25
	Have an annual eye exam ²	\$20
	Get an annual flu shot	\$10
 Condition management programs	ConditionCare: Work one-on-one with your health coach and earn rewards for participating in and completing the program ³	Up to \$225 (\$90/\$135)
	Future Moms: Moms-to-be can receive support from a registered nurse and earn rewards for completing initial, interim, and postpartum assessments ⁴	Up to \$125 (\$65/\$30/\$30)
	Well-being Coach – Weight Management: Receive one-on-one coaching by phone as you complete your goal to earn a reward ⁵	\$60
	Well-being Coach – Tobacco Cessation: Receive one-on-one coaching by phone as you complete your goal to earn a reward ⁵	\$60



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Activity type	Activity	Amount
 Digital & wellness activities	Log in to your Empire account	\$5
	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 \$20 (\$4 per action plan)
	Track your steps	Up to \$60 (\$2 per 50,000 steps tracked)
	Complete Well-being Coach digital daily check-ins ⁷	Up to \$20 (\$4 per milestone)
	Update your contact information	\$15

Make exercise pay off with the Gym Reimbursement program

Regular exercise is a great way to protect your physical and mental health. It can also earn you cash back. We'll repay up to \$400 of your fitness membership dues a year through the Gym Reimbursement program.⁸

How the program works:

- 1 Work out at least 35 times in each six-month period during your benefit plan year at a qualifying fitness center or through an online class.
- 2 Track your workouts and send in the completed required forms.
- 3 Be reimbursed up to \$200 every six months, for a total of up to \$400 per benefit plan year.

To learn more about the program, find an eligible gym, and download the reimbursement forms, log in to empireblue.com or the SydneySM Health app. Then go to *My Health Dashboard*, select **Programs** from the menu, and go to the *Gym Reimbursement* section.

Well-being Coach can help you meet your goals

The Well-being Coach digital coaching app offers you 24/7 personalized support. Well-being Coach can help you maintain a healthy weight; quit tobacco; and improve your nutrition, exercise habits, mindfulness, and sleep. If you need extra support with weight management or quitting tobacco, you can also talk to a certified health coach.

Access Well-being Coach in the Sydney Health app or at empireblue.com.

Earn rewards

Here's how and when you'll earn rewards for completing the activities in the chart.

Preventive care: Simply visit your doctor for any of the screenings or appointments listed in the chart. Your rewards are added to your account after your claim is processed, which may take up to 60 days.

Condition management: Rewards are added to your account as you meet certain benchmarks or complete a program. Programs include ConditionCare (for asthma, diabetes, and heart or lung conditions), Future Moms, and Well-being Coach for weight management and tobacco cessation.

Digital and wellness activities: Log in to the Sydney Health app or empireblue.com to complete available activities, such as taking a health assessment, participating in the Well-being Coach digital program, and tracking your steps. Rewards are added to your account as activities are completed.

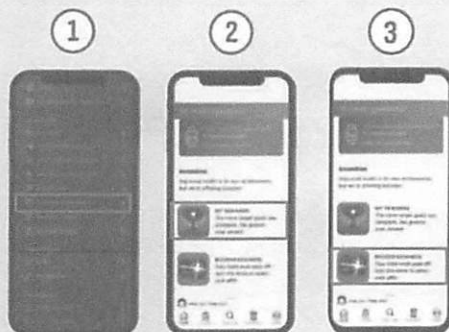


Use your rewards

- 1 To view your rewards, open the Sydney Health app or go to empireblue.com. Next go to *My Health Dashboard*.
- 2 Select **My Rewards**.
- 3 Select **Redeem Rewards** to see how much you've earned. Use your rewards toward electronic gift cards from popular retailers, including Mastercard, Amazon, Bed Bath & Beyond, Gap Options (all brands), Staples, Target, The Home Depot, and TJ Maxx. The minimum gift card amount is set by each individual retailer.



Scan this QR code with your phone's camera to download the Sydney Health app.



Do you have questions?

Log in at empireblue.com or open the Sydney Health app. Then go to *My Health Dashboard* and select **My Rewards** to learn more. You can also call Member Services at the number on your member ID card.

1 Annual cholesterol test eligibility: men 35 years and older, women 40 years and older with a full cholesterol lipid panel.

2 Annual eye exam reward is available if employer provides vision coverage through Empire.

3 AAMI members identified as moderate or high risk are eligible for ConditionCare and may receive a reward for participation in 1 of 5 ConditionCare programs and completion for 1 of 5 ConditionCare programs (Chronic Obstructive Pulmonary Disease (COPD), Coronary Artery Disease (CAD), Asthma, Diabetes, and Congestive Heart Failure (CHF). Rewards include \$40 for program participation and \$40 for program completion.

4 Future Moms assessments completion dates: initial assessment must be completed by day 97; interim assessment must be completed by 1 day prior to delivery; postpartum assessment must be completed by 36 days after delivery. Rewards include \$15 for an initial assessment, \$20 for an interim assessment, and \$20 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 Members may earn rewards for completing quarterly Well-being Coach digital milestones while logging daily check-in activities on the app. Daily check-ins reward values: 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 empireblue.com to download the Well-being Coach digital app.

8 Members ages 18 and over, excluding subscribers' adult children ages 18 and older, are eligible for gym reimbursement. Gym reimbursement is paid by check. Payout is per member per benefit year. This program is designed to help you make healthy, safe, and small changes to your lifestyle. Before taking part in this program, talk to your doctor or healthcare provider, especially if you are pregnant or have an injury or medical condition. This program may not be right for everyone.

We encourage you to actively participate in your rewards program. Any rewards you earn must be redeemed before the end of the current plan year. Once the plan year ends, any unused rewards are forfeited, and your reward balance will reset to \$0 at the beginning of the new plan year.

All preventive care activities are states based. Medical waivers apply to all claim-based activities.

Rewards eligibility applies to only employees and their spouse or domestic partner. Members must be active on the plan and actively must take place during the plan effective year.

A subscriber and spouse or domestic partner may earn rewards when eligible activities are completed and, in some instances, are verified by an Empire claim.

Product availability may vary. The reward amount redeemed may be considered income to you and/or your spouse or domestic partner and subject to state and federal taxes in the tax year it is paid. You and/or your spouse or domestic partner should consult a tax expert with any questions regarding tax obligations.

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

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Pharmacy Benefits

What your plan will cover

Your medication coverage

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 if you have an ongoing health matter or serious illness, such as cancer or hepatitis C.

Your drug list

Your plan includes various drug lists. You can check the lists for your medicines and the brand-name and generic drugs that are included. Typically, drugs on lower tiers cost less.

If your medication isn't on the list, you will see other options. Drug lists can change, so you may want to check it again when you have a new prescription.

To find the latest drug lists:

- Visit fm.formularynavigator.com/FBO/143/National_3_Tier_EBCBS.pdf for the Drug List.
- Most specialty drugs are covered if you have an ongoing health issue or a serious illness.

Your pharmacy options

You have choices for filling your prescriptions, including local pharmacies in your plan's network and convenient home delivery.

- **Retail pharmacies:** Your costs may be lower if you use one of the pharmacies in your plan's network.
- **Home delivery:** If there are medications you take regularly, you can save time and money with our home-delivery service.
- **Specialty pharmacy:** If you have a health condition that requires specialty medicine, such as those you take by injection or infusion, or that needs special handling, you will need to order through CarelonRx Specialty Pharmacy.

How your pharmacy benefits work

Your plan includes a copay, which is a flat fee you pay for

medicine. Your copay is based on which tier the drug is on. See the Save money with Tier 1 drugs section for details.

Once you're a member, you can use the Price a Medication tool on empireblue.com to compare costs and find generic equivalents.

Make the most of your pharmacy benefits

Understanding medicine coverage and costs

- **Search the drug list.** Find out if your medicines are covered and which tier they are in. Lower-cost, brand-name drugs and generics are usually in Tiers 1 and 2. You will save the most money if you use Tier 1 drugs.
- **Price a medication.** See how much a medicine costs before you get it. You can compare retail drug costs at local pharmacies and see the price of generic options. Results will include the cost of up to a 90-day supply and home delivery.
- **Check if there are generic options.** If you take a brand-name drug, you can find a list of generic options that are just as effective and cost less. Be sure to talk with your doctor to see if a generic option is right for you.
- **Save money on certain noncovered medicines.** If your prescription isn't covered by your plan, you may be able to receive a discount. Share your member ID card at the pharmacy, and the available discount will automatically be applied.
- **Most specialty drugs are covered, if you need them.** Specialty drugs are for people with long-term or serious health matters, such as cancer, rheumatoid arthritis, and hepatitis C. They are drugs taken by injection or infusion or that require special handling or need to be given by a doctor or nurse. If you have a health matter that requires a specialty drug, you will need to order it through the CarelonRx Specialty Pharmacy. In certain cases, you may also choose other specialty pharmacies in your plan's network.

For more information on specialty drugs, visit [empireblue.com/pharmacyinformation/rxnetworks.html](https://www.empireblue.com/pharmacyinformation/rxnetworks.html) or call the Pharmacy Member Services number on your ID card.

Coverage requirements

Certain medications require you to take other steps before your plan covers them. Here are examples:

- **Preapproval, also known as prior authorization.** This means Empire needs to approve a drug before the pharmacy fills it. If you already have preapproval, you or your doctor will need to fill out a new form at [empireblue.com](https://www.empireblue.com).

- **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 90-day supplies at a pharmacy, including CVS, or through home delivery.

You have pharmacy options

Choose a pharmacy that's in your plan. You have many retail pharmacies from which to choose. Use a pharmacy that is in your plan to avoid paying full price. To find a pharmacy in your plan, visit [empireblue.com/pharmacyinformation/rxnetworks.html](https://www.empireblue.com/pharmacyinformation/rxnetworks.html), and choose your network list.

Your plan uses the **Base Network** list of pharmacies.

The **Base Network** is our national pharmacy network and includes nearly 67,000 retail pharmacies across the country. To find a pharmacy, visit [empireblue.com/pharmacyinformation/rxnetworks.html](https://www.empireblue.com/pharmacyinformation/rxnetworks.html) and choose the **Base Network** list.

Receive a 90-day refill at a retail pharmacy. Ninety-day supplies of covered medications are available at participating retail pharmacies. You can save time with fewer trips to the pharmacy by switching to a 90-day supply for medications you take on a regular basis. Depending on your plan, you may also save on copays. That's because a 90-day supply of certain drugs usually costs less than three 30-day refills.

Make the most of your pharmacy benefits

For more information, go to empireblue.com/FAQs, select your state, and then Pharmacy.

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	\$\$\$

Summary of Benefits Enhanced Care PLUS (Managed Care) Dental Plan Option D



WELCOME TO YOUR DENTAL PLAN!

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

Powerful and easily accessible member tools.

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **Mobile Capabilities:** With our latest mobile application, Empire Anywhere, members can find a network dentist. It's available both for Android and Apple phones.

Dentists in your plan network.

- During enrollment, you'll choose a dentist from our network of participating providers. All of your dental care must be provided by or coordinated through your selected dentist to be covered by your dental plan.

Features you will like in your dental plan:

- More than 500 covered dental procedures
- No annual benefit maximum
- No deductible
- No waiting periods
- No claim forms

Ready to use your dental benefits?

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any copay that is part of your plan

Need to contact us?

See the back of your ID card for how to call, write or email us.

Your dental benefits at a glance

The following benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. **This is an expanded list of covered services. For more information, please refer to your dental Certificate of Coverage.**

Annual Benefit Maximum: None	Annual Deductible: None	Office Visit Copayment: \$0
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CDT CODE	OPTION D BENEFIT	MEMBER COPAYMENT
DIAGNOSTIC AND PREVENTIVE SERVICES		
D0120-D0180	Oral exams and evaluations	\$0
D0190	Screening of a patient	\$0
D0191	Assessment of a patient	\$0
D0210	Intraoral X-ray, full mouth series	\$0
D0220-D0230	Intraoral – periapical images	\$0
D0240	Intraoral - occlusal film	\$0
D0250	Extraoral - first film	\$0
D0251	Extraoral posterior dental film	\$0
D0270-D0274, D0277	Bitewing images	\$0
D0330	Panoramic X-ray ¹	\$0
D0340	Cephalometric film- acquisition, measurement and analysis	\$0

CDT CODE	OPTION D BENEFIT	MEMBER COPAYMENT
D0350	Oral/Facial images (includes intra and extraoral)	\$0
D0391	Interpretation of diagnostic image by a practitioner not associated with capture of the image, including report	\$0
D0415	Collection of microorganism for culture and sensitivity	\$0
D0425	Caries susceptibility tests	\$0
D0431	Adjunctive pre-diagnostic test that aids in detection of mucosal abnormalities	\$0
D0460	Pulp vitality test	\$12
D0470	Diagnostic casts	\$0
D0472	Accession of tissue, gross examination	\$0
D0473	Accession of tissue, gross and microscopic examination	\$0
D0474	Accession of tissue, gross and microscopic examination, including assessment of surgical margins for presence of disease, preparation and transmission of written report	\$0
D0480	Cytologic smears, including preparation and transmission of written report	\$0
D0486	Laboratory accession of transepithelial cytologic sample, microscopic	\$0
D0502	Other oral pathology procedures, by report	\$0
D0601	Caries risk assessment documentation, with a finding of low risk	\$0
D0602	Caries risk assessment documentation, with a finding of moderate risk	\$0
D0603	Caries risk assessment documentation, with a finding of high risk	\$0
D0999	Unspecified diagnostic procedure, by report	\$0
D1110	Cleaning, adult (first two cleanings)	\$0
D1110+	Additional adult cleanings	\$35
D1120	Cleaning, child (first two cleanings)	\$0
D1120+	Additional cleanings, child	\$25
D1206	Topical fluoride varnish (first two treatments)	\$0
D1206+	Topical fluoride varnish (each additional treatment)	\$15
D1208	Topical application of fluoride (excluding varnish)	\$0
D1208+	Additional topical application of fluoride (excluding varnish)	\$15
D1310	Nutritional counseling for control of dental disease	\$0
D1320	Tobacco counseling	\$0
D1330	Oral hygiene instructions	\$0
D1351	Sealant	\$0 (\$10 per tooth for non-molars)
D1352	Preventive resin restoration	\$15
D1353	Sealant repair - per tooth	\$0
D1354	Interim caries arresting medicament application - per tooth	\$15
RESTORATIVE SERVICES		
D1510-D1525	Space maintainer (fixed, removable)	\$50
D1550	Recement space maintainer	\$0
D1555	Removal of fixed space maintainer, not by DDS who placed appliance	\$15
D1575	Distal shoe space maintainer – fixed – unilateral	\$50
D1999	Unspecified preventive procedures by report	\$0

CDT CODE	OPTION D BENEFIT	MEMBER COPAYMENT
D2140	Amalgam (silver colored) filling, one surface	\$10
D2150	Amalgam 2 surface	\$12
D2160	Amalgam 3 surface	\$16
D2161	Amalgam 4+ surface	\$18
D2330	Resin (tooth colored) filling, 1 surface, anterior (front tooth)	\$15
D2331	Resin-based composite - 2 surface anterior (including acid etch)	\$20
D2332	Resin-based composite - 3 surface anterior (including acid etch)	\$25
D2335	Resin-based composite - 4 or more anterior surfaces involving or involving incisal angel (anterior)	\$30
D2390	Resin based composite -crown, <u>anterior</u>	\$70
D2391	Resin (tooth colored) filling, 1 surface, posterior (back) tooth	\$35
D2392	Resin (tooth colored) filling, 2 surfaces, posterior	\$50
D2393	Resin (tooth colored) filling, 3 surfaces, posterior	\$60
D2394	Resin (tooth colored) filling, 4 or more, posterior	\$90
D2410	Gold foil inlay - 1 surface	\$105
D2420	Gold foil inlay - 2 surface	\$270
D2430	Gold foil inlay - 3 or more surfaces	\$280
D2510	Inlay - metallic, 1 surface (gold or high noble) ³	\$230
D2520	Inlay - metallic, 2 surfaces (gold or high noble) ³	\$235
D2530	Inlay -metallic, 3 + surfaces (gold or high noble) ³	\$245
D2542	Onlay metallic, 2 surfaces ³	\$265
D2543	Onlay metallic, 3 surfaces ³	\$275
D2544	Onlay metallic, 4 or more surfaces ³	\$300
D2610	Inlay porcelain/ceramic, 1 surface ³	\$230
D2620	Inlay porcelain/ceramic, 2 surfaces ³	\$235
D2630	Inlay porcelain/ceramic, 3 or more surfaces ³	\$245
D2642	Onlay porcelain/ceramic, 2 surfaces ³	\$265
D2643	Onlay porcelain/ceramic, 3 surfaces ³	\$275
D2644	Onlay porcelain/ceramic 4, or more surfaces ³	\$300
D2650	Inlay, composite/resin, 1 surface	\$230
D2651	Inlay-resin based composite - 2 surfaces ³	\$235
D2652	Inlay resin based composite - 3 or more surfaces ³	\$245
D2662	Onlay, composite/resin, 1 surface	\$265
D2663	Onlay resin based composite - 3 surfaces ³	\$275
D2664	Onlay resin based composite - 4 or more surfaces ³	\$300
D2710	Crown-resin based composite (indirect/lab)	\$255
D2712	Crown - 3/4 resin-based composite (indirect/lab) (this procedure does not include facial veneers)	\$260
D2720	Crown - resin with high noble metal ³	\$325
D2721	Crown resin with predominantly base metal	\$325
D2722	Crown - resin with noble metal ³	\$325
D2740	Crown - porcelain/ceramic substrate ³	\$340
D2750	Crown - porcelain fused to high noble metal ³	\$340
D2751	Crown - porcelain fused to predominantly base metal ³	\$340
D2752	Crown - porcelain fused to noble metal ³	\$340

CDT CODE	OPTION D BENEFIT	MEMBER COPAYMENT
D2780	Crown - 3/4 cast noble metal ³	\$340
D2781	Crown - 3/4 cast predominantly base metal ³	\$340
D2782	Crown 3/4 cast noble metal ³	\$340
D2783	Crown - 3/4 porcelain/ceramic (not facial veneers) ³	\$340
D2790	Crown - full cast high noble metal ³	\$340
D2791	Crown - full cast for predominantly base metal	\$340
D2792	Crown - full cast noble metal ³	\$340
D2794	Crown - titanium ³	\$340
D2799	Provisional Crown	\$0
D2910	Recement or rebond inlay, onlay, veneer or partial coverage restoration	\$0
D2915	Recement cast or prefabricated post and core	\$20
D2920	Recement crown	\$15
D2921	Reattachment of tooth fragment	\$15
D2929	Prefabricated porcelain/ceramic crown - primary tooth	\$160
D2930	Prefabricated stainless steel crown, primary tooth	\$80
D2931	Prefabricated stainless steel crown, permanent tooth	\$100
D2932	Prefabricated crown, resin	\$100
D2933	Prefabricated stainless steel crown with <u>resin window</u> , permanent	\$100
D2934	Pre-fabricated <u>esthetic coated</u> stainless steel crown - primary tooth	\$100
D2940	Protective restoration-sedative filling	\$20
D2941	Interim therapeutic restoration - primary dentition	\$15
D2949	Restorative foundation for indirect restoration	\$15
D2950	Core build-up, including pins where required	\$130
D2951	Pin retention – in addition to restoration	\$20
D2952	Post and core in addition to crown (indirectly fabricated)	\$140
D2953	Each additional indirectly fabricated post- same tooth (to be used with D2952)	\$0
D2954	Prefabricated post and core + crown	\$75
D2955	Post removal not in conjunction with endo ¹	\$90
D2957	Each additional prefabricated post - same tooth (to be used with D2954)	\$40
D2960	Labial veneer (resin laminate) chairside	\$250
D2961	Labial veneer (resin laminate) - laboratory	\$285
D2962	Labial veneer (porcelain laminate) - laboratory	\$400
D2971	Add procedure to construct new crown under existing partial denture framework	\$115
D2980	Crown repair - by report	\$0
D2981	Inlay repair necessitated by restorative material failure	\$0
D2982	Onlay repair necessitated by restorative material failure	\$0
D2983	Veneer repair necessitated by restorative material failure	\$0
D2990	Resin infiltration of incipient smooth surface lesions	\$15
D2999	Unspecified restorative procedure	\$0
ENDODONTIC SERVICES		
D3110-D3120	Pulp cap – direct/indirect	\$12
D3220	Therapeutic Pulpotomy (excluding final restoration)	\$45

CDT CODE	OPTION D BENEFIT	MEMBER COPAYMENT
D3221	Gross pulpal debridement - primary and permanent teeth	\$45
D3222	Pulpal apexogenesis-permanent tooth with incomplete root development	\$45
D3230	Pulpal therapy (resorbable fill) <u>anterior</u> primary (excluding final restoration)	\$45
D3240	Pulpal therapy (resorbable fill) posterior primary (excluding final restoration)	\$45
D3310	Root canal, anterior (front) tooth (excluding final restoration) ¹	\$190
D3320	Root canal, bicuspid tooth (excluding final restoration) ¹	\$235
D3330	Root canal, molar (excluding final restoration) ¹	\$295
D3331	Root canal obstruction, non-surgical access ¹	\$130
D3332	Incomplete endodontic therapy; inoperable/fractured tooth	\$100
D3333	Internal root repair of perforation defects ¹	\$95
D3346	Retreatment of previous root canal therapy - <u>anterior</u>	\$225
D3347	Retreatment of previous root canal therapy - premolar	\$325
D3348	Retreatment of previous root canal therapy molar ¹	\$400
D3351	Apexification/recalcification (initial visit)	\$100
D3352	Apexification/recalcification - interim medication replacement	\$90
D3353	Apexification/recalcification -final visit (includes completed root canal therapy, apical closure/calcification repair of perforations, root resorption, etc.)	\$130
D3355	Pupal regeneration (initial visit)	\$100
D3356	Pupal regeneration (interim medication replacement)	\$70
D3357	Pupal regeneration (completion of treatment)	\$150
D3410	Apicoectomy/periradicular surgery - <u>anterior</u> ¹	\$240
D3421	Apicoectomy - premolar (first root) ¹	\$275
D3425	Apicoectomy / periradicular surgery – molar (first root) ¹	\$325
D3426	Apicoectomy - (each addl root) ¹	\$115
D3427	Periradicular surgery without apicoectomy ¹	\$220
D3428	Bone graft in conjunction with periradicular surgery - per tooth, single site ¹	\$150
D3429	Bone graft in conjunction with periradicular surgery - each additional contiguous tooth in the same surgical site ¹	\$150
D3430	Retrograde filling (per tooth, per root) ¹	\$80
D3450	Root amputation per root ¹	\$125
D3910	Surg proc.- isolate with rubber dam ¹	\$30
D3920	Hemisection, includes root removal only ¹	\$115
D3950	Canal prep & fitting of preformed dowel & post ¹	\$20
D3999	Unspecified endo procedure by report ¹	\$0
PERIODONTAL SERVICES		
D4210	Gingivectomy or gingivoplasty - 4 or more teeth per quadrant ¹	\$95
D4211	Gingivectomy or gingivoplasty (one-three teeth, per quad) ¹	\$80
D4212	Gingivectomy or gingivoplasty to allow access for restorative procedures	\$55
D4240	Pulpal therapy, including root planning (4+ contiguous teeth or tooth bonded spaces per quadrant) ¹	\$200

CDT CODE	OPTION D BENEFIT	MEMBER COPAYMENT
D4241	Gingival flap procedure, including root planning (one-three teeth, per quad) ¹	\$140
D4245	Apically positioned flap ¹	\$165
D4249	Clinical crown lengthening, hard tissue ¹	\$245
D4260	Osseous Surgery, flap entry and closure (4+ contiguous teeth or tooth bounded spaces, per quadrant) ¹	\$330
D4261	Osseous surgery, 1-3 teeth or tooth bounded spaces, per quadrant ¹	\$240
D4263	Bone replacement graft - 1st site in quad ¹	\$290
D4264	Bone replacement graft - each additional site in quadrant ¹	\$220
D4265	Biologic materials to aid in soft and osseous tissue regeneration ¹	\$90
D4266	Guided tissue regeneration - resorbable barrier, per site ¹	\$210
D4267	Guided tissue regeneration - non-resorbable barrier, per site (includes membrane removal) ¹	\$240
D4270	Pedicle soft tissue graft procedure ¹	\$260
D4273	Autogenous connective tissue graft, per tooth ¹	\$350
D4274	Distal/proximal wedge procedure ¹	\$210
D4275	Non-autogenous connective tissue graft including recipient site and donor material) first tooth, implant, or edentulous tooth position in graft ¹	\$250
D4277	Free Soft Tissue Graft - First Tooth ¹	\$300
D4278	Free Soft Tissue Graft - each addl contiguous tooth ¹	\$230
D4283	Autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth position in same graft site ¹	\$85
D4285	Non-autogenous connective tissue graft procedure - each additional contiguous tooth, implant or edentulous tooth position in same graft site ¹	\$185
D4320	Provisional splinting - intracoronar ¹	\$70
D4321	Provisional splinting - extracoronar ¹	\$70
D4341	Periodontal scaling & root planing - 4+ teeth, per quadrant	\$60
D4342	Periodontal scaling and root planing, one-three teeth, per quad	\$40
D4346	Scaling in presence of generalized moderate or severe gingival inflammation – full mouth, after oral evaluation	\$0
D4355	Full mouth debridement	\$55
D4381	Localized delivery of antimicrobial agents via a controlled release vehicle into diseased cervical tissue, per tooth (chemotherapeutic agents)	\$40
D4910	Periodontal maintenance (first 2 periodontal treatments)	\$40
D4910+	Additional Periodontal maintenance visits	\$45
D4920	Unscheduled dressing change	\$0
D4921	Gingival irrigation- per quadrant	\$0
D4999	Unspecified periodontal procedure, by report ¹	\$0
PROSTHODONTIC SERVICES (REMOVABLE AND FIXED)		
D5110-D5120	Complete denture upper (maxillary, mandibular)	\$430
D5130	Immediate denture upper (maxillary)	\$450
D5140	Immediate denture lower (mandibular)	\$450
D5211	Upper (maxillary) partial denture-resin base (including any conventional clasps, rests, and teeth)	\$420

CDT CODE	OPTION D BENEFIT	MEMBER COPAYMENT
D5212	Lower partial (mandibular) denture resin base, including conventional clasps & rests	\$420
D5213	Upper partial (maxillary) denture cast metal framework with resin base including conventional clasps & rests	\$450
D5214	Lower partial (mandibular) denture cast metal framework with resin base including conventional clasps & rests	\$450
D5221	Intermediate maxillary partial denture-resin base including any conventional clasps, rest, and teeth	\$450
D5222	Immediate mandibular partial denture - resin base (including any conventional clasps, rest and teeth)	\$380
D5223-D5224	Immediate maxillary/mandibular partial dental-cast base (including any conventional clasps, rests and teeth)	\$380
D5225-D5226	Maxillary partial dental-flexible base (including clasps, rests & teeth)	\$450
D5281	Removable unilateral partial denture – one piece cast metal (including clasps and teeth)	\$360
D5410	Adjust complete denture (maxillary)	\$20
D5411	Adjust complete denture (mandibular)	\$20
D5421	Adjust partial denture (maxillary)	\$20
D5422	Adjust partial denture (mandibular)	\$20
D5511	Repair broken complete denture base, mandibular	\$50
D5512	Repair broken complete denture base, maxillary	\$50
D5520	Replace missing/broken teeth – complete denture, per tooth	\$40
D5611	Repair resin partial denture base, mandibular	\$40
D5612	Repair resin partial denture base maxillary	\$40
D5621	Repair cast partial framework, mandibular	\$70
D5622	Repair cast partial framework, maxillary	\$70
D5630	Repair or replace broken clasp, partial denture	\$60
D5640	Replace broken teeth – partial denture, per tooth	\$50
D5650	Add tooth to existing partial denture	\$65
D5660	Add clasp to existing partial denture	\$70
D5670	Replace all teeth and acrylic on cast metal framework (maxillary)	\$190
D5671	Replace all teeth and acrylic on cast metal framework (mandibular)	\$160
D5710-D5711	Replace complete maxillary/mandibular denture	\$160
D5720-D5721	Rebase maxillary/mandibular partial denture	\$160
D5730-D5731	Reline complete maxillary, mandibular denture (chairside)	\$120
D5740-D5741	Reline partial maxillary, mandibular (chairside)	\$120
D5750-D5751	Reline complete maxillary, mandibular denture (lab)	\$120
D5760-D5761	Reline partial maxillary, mandibular denture (lab)	\$120
D5810	Interim complete denture (maxillary)	\$300
D5811	Interim complete denture (mandibular)	\$300
D5820	Interim partial denture (maxillary)	\$270
D5821	Interim partial denture (mandibular)	\$270
D5850-D5851	Tissue conditioning maxillary, mandibular	\$40
D5862	Precision attachment, by report	\$160
D5863	Overdenture-complete maxillary	\$400
D5864	Overdenture-partial maxillary	\$350

CDT CODE	OPTION D BENEFIT	MEMBER COPAYMENT
D5865	Overdenture-complete mandibular	\$400
D5866	Overdenture-partial mandibular	\$350
D5899	Unspecified removable prosthodontic	\$0
D6205	Pontic-indirect resin based composite	\$365
D6210	Pontic cast high noble metal ³	\$365
D6211	Pontic (artificial tooth), cast predominantly base metal	\$365
D6212	Pontic cast noble metal	\$365
D6214	Pontic-Titanium	\$365
D6240	Pontic porcelain fused to high noble metal ³	\$365
D6241	Pontic (artificial tooth), porcelain fused to predominantly base metal	\$365
D6242	Pontic porcelain fused to noble metal	\$365
D6245	Pontic porcelain/ceramic ³	\$365
D6250	Pontic resin with high noble metal	\$365
D6251	Pontic resin with predominantly base metal	\$365
D6252	Pontic resin with noble metal	\$365
D6253	Provisional pontic	\$75
D6545	Retainer - cast metal for resin bonded fixed prosthesis	\$150
D6548	Retainer porcelain/ceramic for resin bonded fixed prosthesis	\$270
D6549	Resin retainer - for resin bonded fixed prosthesis	\$150
D6600	Retainer Inlay-porcelain/ceramic, 2 surface	\$300
D6601	Retainer Inlay- porcelain/ceramic, 3 + surface	\$330
D6602	Retainer Inlay-cast high noble metal, 2 surfaces	\$300
D6603	Retainer Inlay-cast high noble metal, 3+ surfaces	\$330
D6604	Retainer Inlay-cast predominantly base metal, 2 surfaces	\$275
D6605	Retainer onlay-predominantly base metal, 3+ surfaces	\$290
D6606	Retainer inlay cast noble metal, 2 surfaces	\$275
D6607	Retainer inlay - cast noble metal, 3+ surfaces	\$330
D6608	Retainer onlay -porcelain/ceramic, 2 surfaces	\$300
D6609	Retainer onlay-Porc/ceramic, 3 + surfaces	\$350
D6610	Retainer onlay -cast high noble metal, 2 surfaces	\$320
D6611	Retainer onlay- cast high noble metal, 3 + surfaces	\$330
D6612	Retainer onlay-cast predominantly base metal, 2 surface	\$330
D6613	Retainer onlay- cast predominantly base metal, 3 + surfaces	\$330
D6614	Retainer onlay- cast noble metal, 2 surfaces	\$330
D6615	Retainer onlay- cast noble metal, 3 + surfaces	\$330
D6634	Retainer onlay -titanium metal	\$330
D6710	Crown - indirect resin based composite	\$330
D6720	Crown - resin with high noble metal ³	\$330
D6721	Crown - resin with predominantly base metal	\$330
D6722	Crown - resin with noble metal ³	\$330
D6740	Crown - porcelain/ceramic ³	\$330
D6750	Crown - porcelain fused to high noble metal ³	\$330
D6751	Crown - porcelain fused to predominantly base metal	\$330
D6752	Crown - porcelain fused to noble metal ³	\$330

CDT CODE	OPTION D BENEFIT	MEMBER COPAYMENT
D6780	Crown 3/4 cast high noble metal	\$330
D6781	Crown-3/4 cast predominantly base metal	\$330
D6782	Crown-3/4 cast noble metal	\$330
D6783	Crown-3/4-porcelain/ceramic	\$330
D6790	Crown - full cast high noble metal ³	\$330
D6791	Crown - full cast predominantly base metal	\$330
D6792	Crown full cast noble metal	\$330
D6793	Provisional retainer crown further treatment or completion of diagnosis necessary prior to final impression	\$130
D6794	Crown - titanium ³	\$330
D6930	Recement or rebond fixed partial denture	\$30
D6940	Stress breaker	\$130
D6950	Precision attachment	\$150
D6980	Fixed partial denture repair necessitated by restorative material failure (by report)	\$50
D6999	Unspecified, fixed prosthodontic procedure	\$0
ORAL SURGERY SERVICES		
D7111	Extraction, coronal remnants – deciduous tooth	\$10
D7140	Extraction, erupted or exposed tooth/root	\$15
D7210	Surgical removal of erupted tooth	\$40
D7220	Removal of impacted tooth, soft tissue ¹	\$80
D7230	Removal of impacted tooth – partially bony ¹	\$120
D7240	Removal of impacted tooth, complete bony ¹	\$140
D7241	Removal of impacted tooth - completely bony/unusual complication ¹	\$150
D7250	Surgical removal of residual tooth roots ¹	\$65
D7251	Coronectomy – intentional partial tooth removal ¹	\$90
D7260	Oral antral fistula closure ¹	\$260
D7261	Primary closure of sinus perforation ¹	\$240
D7270	Tooth re-implantation and or stabilization of accidentally evulsed or displaced tooth ¹	\$220
D7280	Surgical exposure of unerupted tooth for orthodontic purposes ¹	\$240
D7282	Mobilization of erupted malpositioned tooth ¹	\$120
D7283	Placement of device to facilitate eruption of impacted tooth ¹	\$75
D7285	Biopsy of oral tissue, hard (bone, tooth) ¹	\$190
D7286	Biopsy of oral tissue, soft ¹	\$65
D7287	Exfoliative cytological sample collection ¹	\$45
D7288	Brush biopsy-transepithelial sample collection	\$70
D7290	Surgical repositioning of teeth ¹	\$140
D7291	Transseptal fiberotomy, by report ¹	\$60
D7310	Alveoloplasty in conjunction with extractions - 4+ teeth ¹	\$95
D7311	Alveoloplasty in conjunction with extractions-1-3 teeth ¹	\$60
D7320	Alveoloplasty not in conjunction with extractions - 4+ teeth ¹	\$80
D7321	Alveoloplasty not in conjunction with extraction - 1-3 teeth ¹	\$50
D7340	Vestibuloplasty-ridge extension (secondary epithelialization) ¹	\$460
D7350	Vestibuloplasty-ridge extension (includes grafts, muscle reattachment) ¹	\$525

CDT CODE	OPTION D BENEFIT	MEMBER COPAYMENT
D7410	Excision of benign lesion up to 1.25 cm ¹	\$155
D7411	Excision of benign lesion >1.25 cm ¹	\$230
D7412	Excision of benign lesion, complicated ¹	\$325
D7413	Excision of malignant lesion up to 1.25 cm ¹	\$198
D7414	Excision of malignant lesion >1.25 cm ¹	\$198
D7415	Excision of malignant lesion, complicated ¹	\$300
D7450	Remove benign odontogenic cyst or lesion <1.25 cm ¹	\$180
D7451	Removal of benign odontogenic cyst or tumor-lesion greater than 1.25 cm ¹	\$325
D7460	Removal of benign nonodontogenic cyst or tumor-lesion up to 1.25 cm ¹	\$150
D7461	Removal of benign nonodontogenic cyst or tumor-lesion greater than 1.25 cm ¹	\$300
D7465	Destruction of lesion(s) by physical or chemical method ¹	\$60
D7471	Removal of lateral exostosis -maxilla or mandible ¹	\$180
D7472	Removal of torus palatinus ¹	\$270
D7473	Removal of torus mandibularis ¹	\$270
D7485	Surgical reduction of osseous tuberosity ¹	\$185
D7510	Incision and drainage of abscess – intraoral soft tissue	\$30
D7511	Incision and drainage of abscess–intraoral soft tissue (complicated) ¹	\$30
D7520	incision & drainage of abscess-extraoral ¹	\$55
D7521	incision & drainage of abscess-extraoral (complicated) ¹	\$55
D7530	Removal of foreign body, skin, or subcutaneous alveolar tissue ¹	\$55
D7540	Removal of reaction-producing foreign bodies-musculoskeletal ¹	\$110
D7550	Sequestrectomy for osteomyelitis ¹	\$110
D7560	Maxillary sinusotomy for removal of tooth fragment or foreign body ¹	\$325
D7910	Suture of recent small wounds up to 5 cm ¹	\$120
D7911	Complicated suture - up to 5 cm ¹	\$250
D7912	Complicated suture-greater than 5 cm ¹	\$490
D7953	Bone replacement graft for ridge preservation - per site ¹	\$95
D7960	Frenulectomy (frenectomay or frenotomy) – separate procedure ¹	\$140
D7963	Frenuloplasty ¹	\$140
D7970	Excision of hyperplastic tissue-per arch ¹	\$195
D7971	Excision of pericoronal gingival ¹	\$100
D7972	Surgical reduction of fibrous tuberosity ¹	\$175
D7999	Unspecified oral surgery procedure, by report ¹	\$0
OTHER SERVICES		
D9110	Palliative treatment, minor procedures	\$15
D9120	Fixed partial denture sectioning ¹	\$20
D9210	Local anesthesia-not in conjunction with operative or surgery ¹	\$20
D9211	Regional block anesthesia	\$0
D9212	Trigeminal division block anesthesia	\$0
D9215	Local anesthesia	\$0
D9219	Evaluation for deep sedation or general anesthesia ¹	\$0
D9222	Deep sedation/general anesthesia – first 15 minutes ¹	\$80

CDT CODE	OPTION D BENEFIT	MEMBER COPAYMENT
D9223	Deep sedation/general anesthesia – each additional 15 minutes ¹	\$50
D9230	Inhalation of nitrous oxide/analgesia, anxiolysis ¹	\$15
D9239	Intravenous moderate (conscious) sedation/anesthesia - first 15 minutes ¹	\$50
D9243	Intravenous moderate (conscious) sedation/analgesia - each subsequent 15 min increment ¹	\$50
D9248	Non intravenous conscious sedation ¹	\$40
D9243	Intravenous conscious sedation/analgesia—each 15 minutes ¹	\$50
D9310	Professional consultation, other than with primary dental provider ¹	\$0
D9440	Office visit-after regularly scheduled hours	\$25
D9450	Case presentation, detailed and extensive treatment planning	\$0
D9610	Therapeutic parenteral drugs, single administration	\$15
D9612	Therapeutic parenteral drugs, two or more administrators, different medications	\$15
D9630	Other drugs and/or medicaments, by report	\$15
D9910	Application of desensitizing medicament	\$15
D9911	Application of desensitizing resin for cervical and or root surface, per tooth	\$15
D9930	Treatment of complications (post-surgical) unusual circumstances ¹	\$0
D9932	Cleaning and inspection of removable complete denture, maxillary	\$0
D9933	Cleaning and inspection of removable complete denture, mandibular	\$0
D9934	Cleaning and inspection of removable partial denture, maxillary	\$0
D9935	Cleaning and inspection of removable partial denture, mandibular	\$0
D9940	Occlusal guard, by report	\$190
D9942	Repair and/or reline of occlusal guard	\$40
D9943	Occlusion guard adjustment	\$60
D9951	Occlusal adjustment - limited	\$40
D9952	Occlusal adjustment - complete	\$90
D9972	External bleaching per arch	\$150
D9973	External bleaching, per tooth	\$25
D9975	External bleaching for home application, per arch; includes materials and fabrication of custom trays	\$75
D9986	Missed appointment	per office policy
D9987	Cancelled appointment	per office policy
D9991	Dental case management – addressing appointment compliance barriers	\$0
D9992	Dental case management – care coordination	\$0
D9993	Dental case management – motivational interviewing	\$0
D9994	Dental case management – patient education to improve oral health literacy	\$0
D9995	Teledentistry-synchronous; real-time encounter	\$0
D9996	Teledentistry-asynchronous; information stored and forwarded to dentist for subsequent review	\$0
D9999	Unspecified adjunctive procedure, by report ¹	\$0

CDT CODE	OPTION D BENEFIT	MEMBER COPAYMENT
ORTHODONTIA		
	Cosmetic orthodontia - child and adult	\$2,000
D8010	Limited orthodontic treatment of the primary dentition ¹	
D8020	Limited orthodontic treatment -transitional dentition ¹	
D8030	Limited orthodontic treatment-adolescent dentition ¹	
D8040	Limited orthodontic treatment-adult dentition ¹	
D8050	Interceptive orthodontic treatment primary dentition ¹	
D8060	Interceptive orthodontic treatment-transitional dentition ¹	
D8070	Comprehensive orthodontic treatment-transitional dentition ¹	
D8080	Comprehensive orthodontic treatment-adolescent dentition ¹	
D8090	Comprehensive orthodontic treatment-adult dentition	
D8210	Removable appliance therapy-harmful habits	
D8220	Fixed appliance therapy-harmful habits	
D8660	Pre-orthodontic treatment visit	
D8670	Periodic orthodontic treatment visit	
D8680	Orthodontic retention (removal of appliances, retainers)	
D8681	Removable orthodontic retainer adjustment	
D8999	Unspecified orthodontic procedure by report	

¹Procedure requires referral from primary care dentist to a participating provider

²Covered only when optional implant placement is purchased, and when submitted with the following implant placement procedures D6010, D6011, D6013, D6040, D6050.

³A charge of \$125 in addition to the copays listed applies for any procedure using noble, high noble, or titanium metals as well as porcelain on molar teeth. An additional charge not to exceed \$125 per unit/tooth applies to cases involving 6 or more crowns, veneers, bridge pontics/ inlays/ onlays/ abutments, and/or implants in the same treatment plan."

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Limitations & Exclusions

Below is an expanded listing of plan limitations and non-covered services under your dental plan. Please see your Certificate of Coverage for a full list.

Limitations –

Unauthorized services – Dental services must be received from the member's participating dental office unless an exception is specifically authorized by the member's participating dental office and/or Empire, in writing.

Diagnostic and Preventive Services

Oral evaluations (exams) – Limited to 2 per 12 months

Teeth cleaning (prophylaxis) – Limited to 2 per 12 months at \$0 copay, then unlimited at a low copay

Bitewing X-rays – Limited to two sets of films per 12 months

Topical application of fluoride – Limited to 2 per 12 months to age 19 at \$0 copay, then unlimited at a low copay

Sealants – Limited to 1 per 36 months at \$0 copay to age 19 for first and second unrestored permanent molars; low copay for non-molars

Restorative Services

Space maintainers – 1 per lifetime per tooth to age 19; posterior teeth only

Crowns – Limited to 1 per tooth per 60 months

Endodontic, Periodontal and Oral Surgery Services

Root canal – 1 per tooth per lifetime

Apicoectomy/periradicular surgery – 1 per tooth per lifetime, for permanent teeth only

Gingivectomy/gingivoplasty/osseous surgery – 1 per quadrant per 36 months

Prosthodontic Services

Dentures (complete, partial, fixed, removable) – 1 per 60 months

Bridges – 1 per 60 months

Exclusions –

Coverage outside of the United States – Dental care or treatment provided outside of the United States except for Emergency Dental Care

Cosmetic services – Dental care performed only to improve patient's appearance when tooth structure and function are satisfactory and no pathologic conditions (decay) exist

Services provided before or after term of this coverage – Dental care received either before the effective date of coverage or after coverage ends

Services not covered – Dental services that are not listed in the plan dental Certificate of Coverage

Services provided by a family member – Dental services performed by a member of the covered person's immediate family (child, spouse, mother, father, sibling or sibling of covered member's spouse)

Services with no charge – Dental services for which no charge is normally made

Services covered under Workers' Compensation – Dental services provided for under any state or federal Workers' Compensation, employers' liability or occupational disease law

This is not a contract. It is a listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms, and provisions of the dental plan Dental Certificate of Coverage. In the event of a discrepancy between the information contained in this benefit summary and that in the dental Certificate of Coverage, the comprehensive Certificate of Coverage will prevail.

The dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Empire BlueCross BlueShield.

Dental

How to Find a Dentist Online

STEP 1

Visit empireblue.com/find-care/ (or visit empireblue.com and click "Find Care")

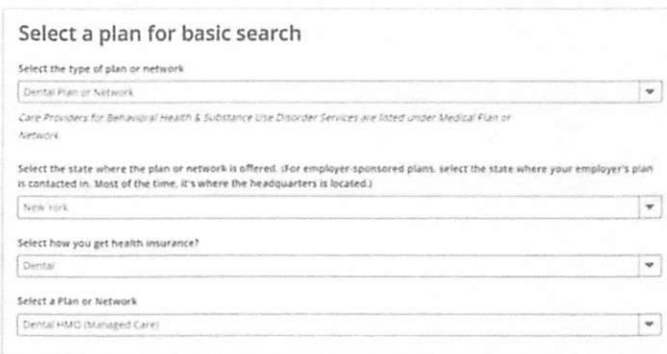
- Click on "Select a plan for basic search"



STEP 2

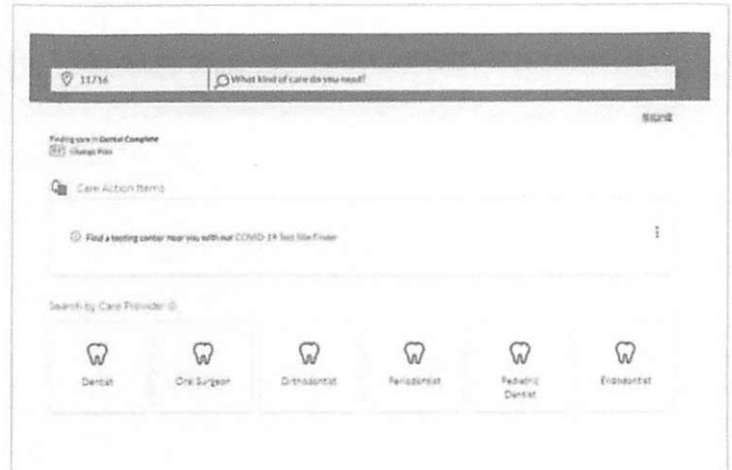
When searching as guest, complete the following fields:

- What type of care are you searching for? Select "Dental"
- What state do you want to search in? Select a state
- What type of plan? Select "Dental"
- Select a plan/network – Dental HMO (Managed Care)



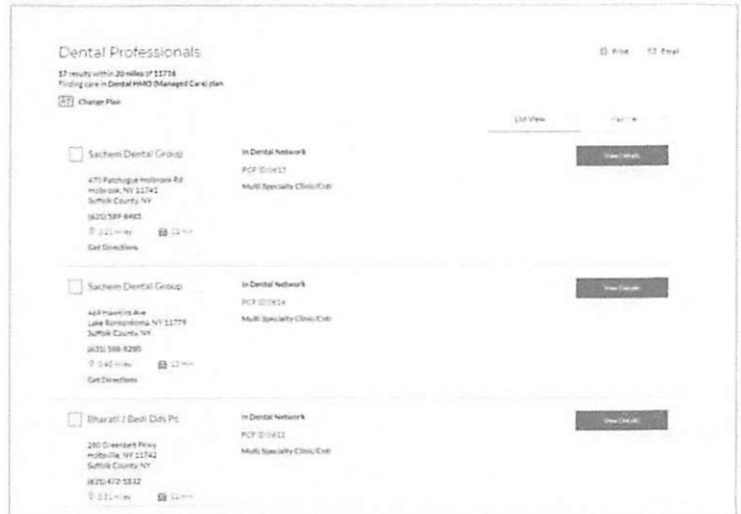
STEP 3

Input the desired zip code or search criteria and click on the desired type of Care Provider.



STEP 4

View your search results.



Blue View VisionSM
FS.B.10.10.130.130



Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at empireblue.com, or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at **1-866-723-0515**.

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

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	\$10 Copay	Reimbursed Up To \$42	Once every calendar year
Eyeglass Frames			
One pair of eyeglass frames	\$130 Allowance, then 20% off any remaining balance	Reimbursed Up To \$45	Once every other calendar year
Eyeglass Lenses (instead of contact lenses)			
One pair of standard plastic prescription lenses			
o Single vision lenses	\$10 Copay	Reimbursed Up To \$40	Once every calendar year
o Bifocal lenses	\$10 Copay	Reimbursed Up To \$60	
o Trifocal lenses	\$10 Copay	Reimbursed Up To \$80	
Eyeglass Lens Enhancements			
<i>When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost</i>			
o Transitions Lenses (for a child under age 19)	\$0 Copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
o Standard polycarbonate (for a child under age 19)	\$0 Copay		
o Factory Scratch Coating	\$0 Copay		
Contact Lenses (instead of eyeglass lenses)			
<i>Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.</i>			
o Elective conventional (non-disposable) OR	\$130 Allowance, then 15% off any remaining balance	Reimbursed Up To \$105	Once every calendar year
o Elective disposable OR	\$130 Allowance (no additional discount)	Reimbursed Up To \$105	
o Non-elective (medically necessary)	Covered in full	Reimbursed Up To \$210	

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Plano sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Orthoptics. Orthoptics or vision training and any associated supplemental testing

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		In-Network Member Cost (after any applicable copay)
Retinal Imaging – at member's option, can be performed a time of eye exam		Not more than \$39
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> ○ Transitions lenses (Adults) \$75 ○ Standard Polycarbonate (Adults) \$40 ○ Tint (Solid and Gradient) \$15 ○ UV Coating \$15 ○ Progressive Lenses¹ <ul style="list-style-type: none"> ○ Standard \$55 ○ Premium Tier 1 \$85 ○ Premium Tier 2 \$95 ○ Premium Tier 3 \$110 ○ Premium Tier 4 \$175 ○ Anti-Reflective Coating² <ul style="list-style-type: none"> ○ Standard \$45 ○ Premium Tier 1 \$57 ○ Premium Tier 2 \$68 ○ Premium Tier 3 \$85 ○ Other Add-ons 20% off retail price 	
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider	<ul style="list-style-type: none"> ○ Complete Pair 40% off retail price ○ Eyeglass materials purchased separately 20% off retail price 	
Eyewear Accessories	Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.	20% off retail
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> ○ Standard contact lens fitting³ ○ Premium contact lens fitting⁴ 	Up to \$55 10% off retail price
Conventional Contact Lenses	○ Discount applies to materials only	15% off retail price

¹ Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

² Please ask your provider for his/her recommendation as well as the available anti-reflective brands by tier.

³ Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

⁴ Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Cannot be combined with any other offer. Discounts are subject to change without notice. Discounts are not covered benefits under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where State law prevents discounting of products and services that are not covered benefits under this plan. Discounts on frames will not apply if the manufacturer has imposed a no discount on sales at retail and independent provider locations.

Some of our in-network providers include:



ADDITIONAL SAVINGS AVAILABLE THROUGH EMPIRE'S SPECIAL OFFERS PROGRAM
Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at empireblue.com , select discounts, then Vision, Hearing & Dental.

* Discounts cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at anthem.com/empireblue.com, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at 1-866-723-0515 to request a claim form.

TO FAX: 866-293-7373
 TO EMAIL: oonclaims@eyewearspecialoffers.com
 TO MAIL: Blue View Vision
 Attn: OON Claims
 P.O. Box 8504
 Mason, OH 45040-7111

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Vision

How to Find a Vision Provider Online

STEP 1

Visit empireblue.com/find-care/ (or visit empireblue.com and click "Find Care")

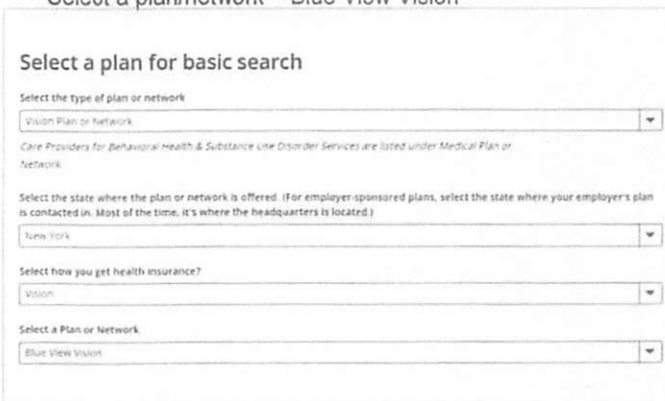
- Click on "Select a plan for basic search"



STEP 2

When searching as guest, complete the following fields:

- What type of care are you searching for? Select "Vision Plan or Network"
- What state do you want to search in? Select a state
- What type of plan? Select "Vision"
- Select a plan/network – Blue View Vision



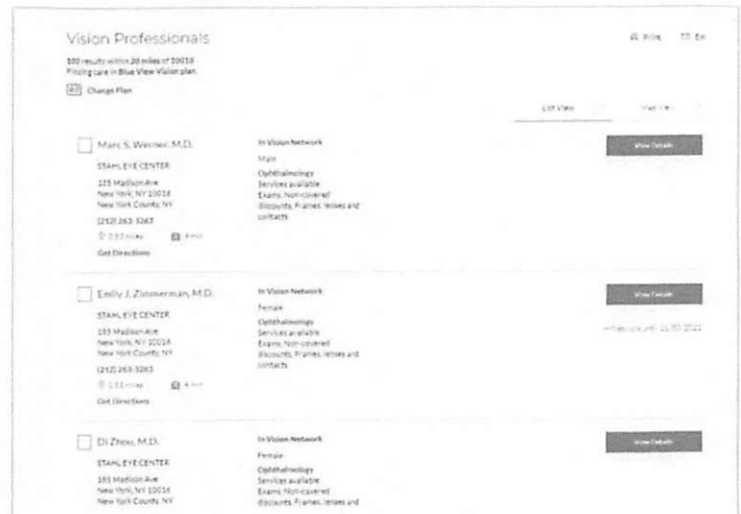
STEP 3

Input the desired zip code or search criteria and click on the desired type of Care Provider.



STEP 4

View your search results.



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

您有權免費獲得通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

Ձեր իրավունքն է ստանալ անվճար օգնություն ձեր լեզվով: Կարգապահ զանգահարելը Միանական Մարմանը կհեռախոսակցի ձեր հետ: Եթե ձեր տեսողությունը վնասված 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 مجاناً. 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せん。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 fòm 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 ਵਿੱਚ ਮੁਫਤ ਸੇਵਾਵਾਂ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਆਪਣਾ ਹੋਣਾ ਹੈ। ਬਸ ਆਪਣੀ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸਿਰਵਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਬਰ 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>

Summary of Benefits

Basic Group Life Insurance

CPC Home Attendant Program

Class 1- All Full-Time Active Patient Assistant Employees

See your benefit certificate for specific plan details, eligibility definitions, limitations, and exclusions.

<p>Group term life insurance benefit: \$10,000</p> <p>Guaranteed Issue Amount: \$10,000</p>
<p>Accidental death and dismemberment insurance benefit: \$10,000</p>
<p>Benefits after age 65 You will still have benefits after you turn 65, though they will reduce as follows: No Age Reduction <i>All benefits end at retirement.</i></p>
<p>Living Benefit (accelerated death benefit) You can ask for a portion of your group term life benefits to be paid while you are living, if you are terminally ill with less than 12 months to live. If you take a Living Benefit payment, the amount your beneficiary gets after your death will be reduced by the amount you were paid.</p>
<p>Waiver of premium We may continue your life insurance coverage until you turn 65 or retirement, whichever is earlier, if you become totally disabled and unable to work prior to age 60. Premiums may be waived after you complete the six-month waiver of premium elimination period.</p>
<p>Conversion If you leave your job for any reason, you may be able to change your group life coverage to an individual policy. You must apply for coverage and pay the first month's premium for the individual policy within 31 days of the last day you were employed.</p>
<p>Resource Advisor This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources at www.resourceadvisor.anthem.com, program name "AnthemResourceAdvisor". To access Resource Advisor call (888) 209-7840 and ask for Resource Advisor.</p>
<p>Travel assistance This value added program gives you access to emergency medical help, travel services and useful tips for your trip if you travel more than 100 miles from home – all at no additional cost to you. You can access Travel assistance benefits by calling: US and Canada (866) 295-4890, other locations (call collect) (202) 296-7482. All services must be arranged in advance by Generali Global Assistance, Inc. the Travel Assistance vendor.</p>

This is not a contract. It is a partial listing of benefits and services that is dependent on the Plan Options chosen. This benefit overview is only one piece of your entire enrollment package. All benefits and services are subject to the conditions, limitations, exclusions and provisions listed in the contract documents: the Certificate, Policy, and/or Trust Agreement for this product. In the event of a conflict between the contract documents and this benefits description, the contract documents will prevail. If you have any questions, please contact your Human Resources/Benefits manager.

Exclusions and limitations are listed in detail in the certificate, policy or trust agreement that applies to this product.

The Value Added additional services are not a part of the certificate, policy or trust agreement and do not modify any insured benefits. The Value Added additional services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificateholders as described, modifications to our agreements with service providers may require that services be periodically modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services, or other business reasons at the discretion of the insurer or service providers.


Travel Assistance value added services are provided by Generali Global Assistance, Inc. In all cases, Generali Global Assistance, Inc. only suggests a medical professional, medical facility or attorney that gives services to the eligible member. They are not employees or agents of Generali Global Assistance, Inc. or Anthem. You choose the medical advice or legal counsel you want. Generali Global Assistance, Inc. or Anthem is not liable for any medical advice or legal counsel given by the medical professional or attorney. Generali Global Assistance, Inc. also is not liable for the negligence or other wrongful acts or omissions of any of the health or legal care professionals who give these services. The covered member cannot take action against Generali Global Assistance, Inc. or Anthem for its suggestion of or contract with a medical professional or attorney. You must pay back Generali Global Assistance, Inc. for some costs. Generali Global Assistance, Inc. is not affiliated with Anthem and the services provided are not part of the insurance coverage provided by Anthem. The agreement between Generali Global Assistance, Inc. and Anthem is subject to change, which may affect the services offered. Valid only for eligible members. Retirees are not eligible for travel assistance services.

Beneficiary Companion services are provided by Generali Global Assistance, Inc.

Life and Disability products underwritten by Anthem Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. In GA, Life and Disability products are underwritten by Greater Georgia Life Insurance Company (GGL) using the trade name Anthem Life, independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

4/2022



	Mail this form to:
	 CarelonRx Mail PO BOX 659541 SAN ANTONIO, TX 78265-9541
Member ID # (if not shown or if different from above)	
<input type="text"/>	
Prescription Plan Sponsor or Company Name	

Please fold here →

Please fold here →

Instructions:
 Please use **blue or black ink** and **print in capital letters**. Fill in **both sides** of this form.

New Prescriptions - Mail your new prescriptions with this form. Number of **New** prescriptions:

Refills - Order by web, phone, or write in Rx number(s) below. Number of **Refill** prescriptions:

TO RECEIVE YOUR ORDER SOONER request refills or new prescriptions online or by phone at the website/phone number on your member ID card.

A Shipping Address. To ship to an address different from the one printed above, enter the changes here.

Last Name	First Name	MI	Suffix (JR, SR)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Street Address	Apt./Suite #	<input type="radio"/> Use shipping address for this order only.	
<input type="text"/>	<input type="text"/>		
City	State	ZIP Code	
<input type="text"/>	<input type="text"/>	<input type="text"/> - <input type="text"/>	
Daytime Phone #: <input type="text"/> - <input type="text"/> - <input type="text"/>	Evening Phone #: <input type="text"/> - <input type="text"/> - <input type="text"/>		

Please fold here →

Please fold here →

B Refills. To order mail service refills, enter your prescription number(s) here.

1) _____ 2) _____ 3) _____ 4) _____

5) _____ 6) _____ 7) _____ 8) _____

* WEB

* WEB

Log in to check order status and access personalized information about your prescription benefits. When getting a new prescription, be sure to ask your doctor to write it for the maximum amount allowed by your plan, usually a 90-day supply. Make sure your doctor SIGNS and DATES all new prescriptions. We want to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions, including drug names, in the "Special Instructions" section of this form.

Services provided by CarelonRx Inc.

We may package all of these prescriptions together unless you tell us not to.



C Tell us about the people ordering prescriptions. If there are more than two people, please complete another form.

First person with a refill or new prescription.

Spanish forms and labels

Last Name

First Name

MI Suffix (JR,SR)

Nickname

Date of birth: MM-DD-YYYY --

E-mail address: _____ Date new prescription written: _____

Doctor's last name _____ Doctor's first name _____ Doctor's phone # _____

Tell us about new health information for 1st person if never provided or if changed.

Allergies: None Aspirin Cephalosporin Codeine Erythromycin Peanuts Penicillin
 Sulfa Other: _____

Medical conditions: Arthritis Asthma Diabetes Acid reflux Glaucoma Heart problem
 High blood pressure High cholesterol Migraine Osteoporosis Prostate issues Thyroid
 Other: _____

Second person with a refill or new prescription.

Spanish forms and labels

Last Name

First Name

MI Suffix (JR,SR)

Nickname

Date of birth: MM-DD-YYYY --

E-mail address: _____ Date new prescription written: _____

Doctor's last name _____ Doctor's first name _____ Doctor's phone # _____

Tell us about new health information for 2nd person if never provided or if changed.

Allergies: None Aspirin Cephalosporin Codeine Erythromycin Peanuts Penicillin
 Sulfa Other: _____

Medical conditions: Arthritis Asthma Diabetes Acid reflux Glaucoma Heart problem
 High blood pressure High cholesterol Migraine Osteoporosis Prostate issues Thyroid
 Other: _____

D Special instructions: _____

E How would you like to pay for this order? (If your copay is \$0, you do not need to provide payment information.)

Electronic check. Pay from your bank account. (You must first register online or call Customer Care.)

Credit or debit card. (VISA®, MasterCard®, Discover®, or American Express®)

- Use your card on file.
- Use a new card or update your card's expiration date.

Exp. Date
MMYY

Check or money order. Amount: \$.

- Make check/money order out to CarelonRx.
- Write your prescription bene it ID number on your check or money order.
- If your check is returned, we will charge you up to \$40.

Payment for Balance Due and Future Orders: If you choose electronic check or a credit or debit card, we will use it to pay for any balance due and for future orders unless you provide another form of payment.

Fill in this oval if you **DO NOT** want us to use this payment method for future orders.

MOF WEB 0122 CARELONRX

Credit card holder signature/Date _____

Regular delivery is free and takes up to 5 days after your order is processed.

If you want faster delivery, choose:

2nd business day (\$17)

Next business day (\$23)

Faster delivery can only be sent to a street address, not a PO Box

Expected processing time from receipt of this form:

- Refills: 1-2 days
- New/renewed prescriptions: Within 5 days unless additional information is needed from your doctor (Charges subject to change)



Please fold here →

Please fold here →

Please fold here →

Please fold here →

* WEB *

* WEB *

I. SUBSCRIBER INFORMATION

**** PLEASE WRITE CLEARLY ****

Last Name: BREWSTER First Name: ELLEN M.I.: - Sex: F Employee #: 604263 Group Number: L07848

Street Address: 232 BARBER STREET Apt: 206 City: BROOKLYN State: NY ZIP Code: 11233

Social Security Number: 345-22-1618 Birth Date: 3.14.73 Home Tel. #: 718-326-1083 Email Address: EB1973@YAHOO.COM

Marital Status: Single Married Domestic Partner (DP)

Cell Tel. #: 917-481-3367

Type of Coverage: Please answer all three lines.

Medical: Individual Employee & Child(ren) Employee & Spouse / Domestic Partner Family Decline

Dental: Individual Employee & Child(ren) Employee & Spouse / Domestic Partner Family Decline

Vision: Individual Employee & Child(ren) Employee & Spouse / Domestic Partner Family Decline

Check One: New Enrollment Reinstatement Termination Change

Status: Add Dependent Remove Dep. Address Change Name Change

Are you covered by any other health insurance or Medicare? NO YES. If YES, indicate: Insurance Co. Name: _____ Policy #: _____ Type of Coverage: _____ Effective Date: _____

II. ENROLLMENT INFORMATION — IF YOU ARE ENROLLING YOUR SPOUSE/DP AND/OR CHILDREN, PLEASE LIST EACH ONE BELOW

Note: A birth/marriage certificate or 1040 Form may be required for spouse/dependents with different last name.

Last Name (if different)	First Name	Social Security Number	Sex M/F	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> DP <input type="checkbox"/> Child	Birth Date			If Disabled	Email Address	Phone Number
					Mo.	Day	Yr.			
DEPENDENT BREWSTER	DAVID	188-46-2124	M	<input checked="" type="checkbox"/> Spouse <input type="checkbox"/> DP <input type="checkbox"/> Child	4	23	72		DBREW72@GMAIL.COM 347-191-1832	
DEPENDENT BREWSTER	RUTH	341-82-1988	F	<input checked="" type="checkbox"/> Spouse <input type="checkbox"/> DP <input type="checkbox"/> Child	8	21	99		RUTHBREW82@GMAIL.COM 718-381-4459	
DEPENDENT BREWSTER	KEITH	164-52-3184	M	<input checked="" type="checkbox"/> Spouse <input type="checkbox"/> DP <input type="checkbox"/> Child	9	28	02		KBREW02@GMAIL.COM 347-446-1992	
DEPENDENT BREWSTER	DAN	315-86-9273	F	<input checked="" type="checkbox"/> Spouse <input type="checkbox"/> DP <input type="checkbox"/> Child	6	14	04		DANW04@GMAIL.COM 347-491-3571	

Current Health Insurance Information: Carrier Name: _____ Coverage Begin Date: _____ Coverage End Date: _____

Current Health Insurance Information: Carrier Name: _____ Coverage Begin Date: _____ Coverage End Date: _____

Current Health Insurance Information: Carrier Name: _____ Coverage Begin Date: _____ Coverage End Date: _____

Current Health Insurance Information: Carrier Name: _____ Coverage Begin Date: _____ Coverage End Date: _____

Your signature is required to process this form.
 Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant must sign here: Ellen Brewster Date: 2/24/23

III. EMPLOYER INFORMATION — THIS SECTION TO BE COMPLETED BY EMPLOYER/CONTRACTOR GROUP

Requested Effective Date: _____ Hire Date: _____ M D V Date Submitted: _____ Approved By: _____

Comments: _____

**Life Insurance
Beneficiary Designation Form**

"SAMPLE"

The employer must keep this form on file.

Section 1: General information

Name of employer/group (if applicable)	CAPCHAP - CDPAP PROGRAM	Policy/Certification no.	LO7848
Name of insured	ELLEN BREWSTER	Social Security no.	345 27 1618
Name of policyholder (if different)	~	Social Security no.	

If you live in a state with marital or community property laws, and your spouse (husband or wife) is not listed as a primary beneficiary for at least 50% of this life insurance policy, then your spouse must consent by signing below.

Section 2: Beneficiary designation – Attach a separate sheet if necessary.

	Name of beneficiary	Percentage	Social Security no.	Relationship to applicant	Age
<input checked="" type="checkbox"/> Primary <input type="checkbox"/> Contingent	DAVID BREWSTER	100%	188-46-2129	SPOUSE	51
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> Contingent	RUTH BREWSTER	33 1/3%	344-82-1988	DAUGHTER	23
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	KEITH BREWSTER	33 1/3%	164-52-3184	SON	21
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent	DAWN BREWSTER	33 1/3%	318-86-9273	DAUGHTER	19
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

Total percentages must add up to 100%. If the total percentages add to up less than 100%, the remaining percentage will be paid in equal shares to all named beneficiaries to total 100%. If the total percentages add to up more than 100%, each named beneficiary's share will be reduced equally to total 100%. If no percentages are indicated, the proceeds will be divided equally. If no primary beneficiary survives, the proceeds will be paid to the contingent beneficiary(ies) listed above. Beneficiaries may be changed by the insured's written notice to his or her employer.

Spousal Consent For Community Property States Only (Note: The insurance company is not responsible for the validity of a spouse's consent for designation.) If you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, and WI), your state may require you to obtain the signature of your spouse if your spouse will not be named as a primary beneficiary for 50% or more of your benefit amount. Please have your spouse read and sign the following.

Authorization
I am aware that my spouse, the Employee/Retiree named above, has designated someone other than me to be the beneficiary of group life insurance under the above policy. I hereby consent to such designation and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersedes any prior spousal consent or waiver under this plan.
In CA, NV, and WA, Spouse also includes your registered Domestic Partner.

Spouse signature	Printed spouse name	Date signed (MMDDYYYY)
X		

Section 3: Signature

Signature of insured or policyowner (2 officers' signatures, with title, are required if corporate owned)	Date signed (MMDDYYYY)
X Ellen Brewster	02242023

Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningún costo adicional llamando al número de servicio al cliente que se encuentra en este documento.
In California, Life and Disability products are underwritten by Anthem Blue Cross Life and Health Insurance Company. In Georgia, Life and Disability products are underwritten by Greater Georgia Life Insurance Company using the trade name Anthem Life. In New York, Life and Disability products are underwritten by Anthem Life & Disability Insurance Company. In all other states, Life and Disability products are underwritten by Anthem Life Insurance Company or UnitedLife Life & Health Insurance Company.



An Anthem Company

New PA/Admin Mgmt EE Benefits Enrollment Form

** PLEASE WRITE CLEARLY **



I. SUBSCRIBER INFORMATION

Last Name

First Name

M.I.

Sex

Employee #

Group Number: L07848

Street Address

Apt.

City

State

ZIP Code

Social Security Number:

Marital Status:
 Single Married
 Domestic Partner (DP)

Birth Date:
Mo. / Day / Yr.

Home Tel. #:
Cell Tel. #:

Email Address:

Type of Coverage:

- Medical ----- Individual Employee & Child(ren)
- Dental ----- Individual Employee & Child(ren)
- Vision ----- Individual Employee & Child(ren)

Please answer all three lines.

- Employee & Spouse / Domestic Partner
- Employee & Spouse / Domestic Partner
- Employee & Spouse / Domestic Partner

- Family Family Family
- Family Family Family
- Decline Decline Decline

Are you covered by any other health insurance or Medicare?
 NO YES. If YES, indicate: Insurance Co. Name: _____

Insurance Co. Tel. #: _____
Policy #: _____

Type of Coverage: _____
Effective Date: _____

II. ENROLLMENT INFORMATION — IF YOU ARE ENROLLING YOUR SPOUSE/DP AND/OR CHILDREN, PLEASE LIST EACH ONE BELOW

Note: A birth/marriage certificate or 1040 Form may be required for spouse/dependents with different last name.

Last Name (if different)	First Name	Social Security Number	Sex M/F	Relationship <input type="checkbox"/> Spouse <input type="checkbox"/> DP <input type="checkbox"/> Child	Birth Date Mo. Day Yr.	✓ If Disabled	Email Address	Phone Number
DEPENDENT								
Current Health Insurance Information: Carrier Name: _____								
DEPENDENT								
Current Health Insurance Information: Carrier Name: _____								
DEPENDENT								
Current Health Insurance Information: Carrier Name: _____								
DEPENDENT								
Current Health Insurance Information: Carrier Name: _____								

Current Health Insurance Information: Carrier Name: _____

Coverage Begin Date: _____

Coverage End Date: _____

Your signature is required to process this form.

Any person who knowingly and with intent to defraud any insurance company or other person files an application for insurance or statement of claim containing any materially false information, or conceals for the purpose of misleading, information concerning any fact material thereto, commits a fraudulent insurance act, which is a crime, and shall also be subject to a civil penalty not to exceed five thousand dollars and the stated value of the claim for each such violation.

Applicant must sign here: _____

Date: _____

III. EMPLOYER INFORMATION — THIS SECTION TO BE COMPLETED BY EMPLOYER/CONTRACTOR GROUP

Requested Effective Date: _____

Hire Date: _____

M D V

Date Submitted: _____

Approved By: _____

Comments: _____

Life Insurance Beneficiary Designation Form

The employer must keep this form on file.

Section 1: General information

Name of employer/group (if applicable)	Policy/Certification no.
Name of insured	Social Security no.
Name of policyholder (if different)	Social Security no.
If you live in a state with marital or community property laws, and your spouse (husband or wife) is not listed as a primary beneficiary for at least 50% of this life insurance policy, then your spouse must consent by signing below.	

Section 2: Beneficiary designation – Attach a separate sheet if necessary.

	Name of beneficiary	Percentage	Social Security no.	Relationship to applicant	Age
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					
<input type="checkbox"/> Primary <input type="checkbox"/> Contingent					

Total percentages must add up to 100%. If the total percentages add to up less than 100%, the remaining percentage will be paid in equal shares to all named beneficiaries to total 100%. If the total percentages add to up more than 100%, each named beneficiary's share will be reduced equally to total 100%. If no percentages are indicated, the proceeds will be divided equally. If no primary beneficiary survives, the proceeds will be paid to the contingent beneficiary(ies) listed above. Beneficiaries may be changed by the insured's written notice to his or her employer.

Spousal Consent For Community Property States Only (Note: The insurance company is not responsible for the validity of a spouse's consent for designation.) If you live in a community property state (AZ, CA, ID, LA, NM, NV, TX, WA, and WI), your state may require you to obtain the signature of your spouse if your spouse will not be named as a primary beneficiary for 50% or more of your benefit amount. Please have your spouse read and sign the following.

Authorization

I am aware that my spouse, the Employee/Retiree named above, has designated someone other than me to be the beneficiary of group life insurance under the above policy. I hereby consent to such designation and waive any rights I may have to the proceeds of such insurance under applicable community property laws. I understand that this consent and waiver supersedes any prior spousal consent or waiver under this plan.

In CA, NV, and WA, Spouse also includes your registered Domestic Partner.

Spouse signature X	Printed spouse name	Date signed (MMDDYYYY)
------------------------------	---------------------	------------------------

Section 3: Signature

Signature of insured or policyowner (2 officers' signatures, with title, are required if corporate owned) X	Date signed (MMDDYYYY)
---	------------------------

Si usted necesita ayuda en Español para entender este documento, puede solicitarlo sin ningún costo adicional llamando al número de servicio al cliente que se encuentra en este documento. In California, Life and Disability products are underwritten by Anthem Blue Cross Life and Health Insurance Company. In Georgia, Life and Disability products are underwritten by Greater Georgia Life Insurance Company using the trade name Anthem Life. In New York, Life and Disability products are underwritten by Anthem Life & Disability Insurance Company. In all other states, Life and Disability products are underwritten by Anthem Life Insurance Company or Wellcare Life & Health Insurance Company.

**CHINESE-AMERICAN PLANNING COUNCIL
HOME ATTENDANT PROGRAM, INC.
CONSUMER DIRECTED PERSONAL ASSISTANCE PROGRAM
1 York Street 2nd. Floor New York, New York 10013
PHONE: (212) 219-8100 FAX: (212) 966-7371**

PA Employee COBRA Election Form

I, _____ (print full name),
Social Security # _____ - _____ - _____, Date of Birth (____/____/____)
residing at _____ (print complete home address)
voluntarily elect COBRA coverage effective ____/____/____ (this date can only be the first day of the calendar month after your benefits were terminated) for the following benefits:

CIRCLE each COBRA coverage box selected and then *sign* your initials to the left of each \$ amount selected):

Carrier	Benefit	Single**	Employee + Child(ren)**	Employee + Spouse**	Family**	Total COBRA \$
BLUE CROSS BLUE SHIELD	Medical	\$ 930.00	\$ 1,674.00	\$ 1,860.00	\$ 2,790.00	\$
BLUE CROSS BLUE SHIELD	Dental	\$ 15.59	\$ 36.04	\$ 29.82	\$ 54.04	\$
BLUE CROSS BLUE SHIELD	Vision	\$ 5.52	\$ 12.34	\$ 11.04	\$ 19.44	\$
Total Monthly COBRA Premium \$ Due:	BLUE CROSS BLUE SHIELD	Policy/group # L07848				\$
	For medical, dental and vision coverages					

** These are the current COBRA rates in force through 2-29-2024 which is the plan anniversary date for these coverages.

If electing COBRA coverage for dependents, please complete the information below: (print neatly)

Dependent's Name Last, First, Middle	Relationship to Employee	Male or Female	Social Security #	Date of Birth	Home Address (Only if different than above)
				/ /	
				/ /	
				/ /	

COBRA Qualifying Event: (Place "X" in applicable box below. Indicate "qualifying date" event here >>> ____/____/____)

<input type="checkbox"/>	Date Benefits/Coverage Ended	<input type="checkbox"/>	Date Employee Died	<input type="checkbox"/>	Date of Divorce
<input type="checkbox"/>	Date Employment Ended	<input type="checkbox"/>	Date Child Becomes Eligible	<input type="checkbox"/>	Date Employee Elected Medicare

Important Notices:

- You and any of your family members who are covered on the day before the qualifying event are eligible to continue under COBRA. If you choose not to continue under COBRA and your election period expires, you will not be allowed to re-enter the plan.
- Any person covered on the day before the qualifying event can elect coverage, including a spouse or dependent child, even if the former employee does not elect coverage.

Payment Instructions: Make **COBRA** payment checks payable to **Chinese American Planning Council (CPC-CDPAP)** and mail to: **CPC-CDPAP Inc., 1 York Street 2nd. Floor, New York, NY 10013 Attn: PA COBRA**

Payments are **due TEN (10) business days before the start of the month of coverage being paid for** (i.e. payment for the month of May, 2023 must be received no later than April, 18, 2023). Your first month's payment should cover the number of months necessary to bring your COBRA coverage "current" through the end of the current month when submitting this form. Payments **NOT** received on or before your 30 day grace period will result in **cancellation** of your NYS Continuation/COBRA coverage.

YES: I am electing **COBRA** coverage as indicated above: (please sign below in ink only)

Employee: _____ Telephone #: (____) _____ - _____ Date: ____/____/____

NO: I am **not** electing **COBRA** coverage: (please sign below in ink only)

Employee: _____ Telephone #: (____) _____ - _____ Date: ____/____/____

For CPC-CDPAP Office use Only: PA EE ID # _____ Check Deposit Date: ____/____/____
COBRA Start Date: ____/____/____ COBRA End Date: ____/____/____ COBRA # of Months: _____
Check # _____ Check Amt. \$ _____ Approval Signature: _____ Date: ____/____/____

**CHINESE-AMERICAN PLANNING COUNCIL
HOME ATTENDANT PROGRAM, INC.
CONSUMER DIRECTED PERSONAL ASSISTANCE PROGRAM**
1 York Street 2nd. Floor New York, New York 10013
PHONE: (212) 219-8100 FAX: (212) 966-7371

PA Employee COBRA Election Form

SAMPLE

SAMPLE

I, DAVID SMITH (print full name),
Social Security # 128-47-3612, Date of Birth (6/23/79)
residing at 3363 LAUSON BLVD #315 BROOKLYN, NY 11241 (print complete home address)
**voluntarily elect COBRA coverage effective 4/01/23 (this date can only be the first day
of the calendar month after your benefits were terminated) for the following benefits:**

CIRCLE each COBRA coverage box selected and then **sign** your initials **to the left** of each \$ amount selected):

Carrier	Benefit	Single**	Employee + Child(ren)**	Employee + Spouse**	Family**	Total COBRA \$
BLUE CROSS BLUE SHIELD	Medical	\$ 930.00	\$ 1,674.00	<u>\$ 1,860.00</u>	\$ 2,790.00	\$ 1,860.00
BLUE CROSS BLUE SHIELD	Dental	\$ 15.59	\$ 36.04	\$ 29.82	<u>\$ 54.04</u>	\$ 54.04
BLUE CROSS BLUE SHIELD	Vision	\$ 5.52	\$ 12.34	\$ 11.04	<u>\$ 19.44</u>	\$ 19.44
Total Monthly COBRA Premium \$ Due:	BLUE CROSS BLUE SHIELD	Policy/group # L07848				\$
	For medical, dental and vision coverages					

** These are the current COBRA rates in force through 2-29-2024 which is the plan anniversary date for these coverages.

If electing COBRA coverage for dependents, please complete the information below: (print neatly)

Dependent's Name Last, First, Middle	Relationship to Employee	Male or Female	Social Security #	Date of Birth	Home Address (Only if different than above)
<u>SMITH, ASIA</u>	<u>SPOUSE</u>	<u>F</u>	<u>138-76-4131</u>	<u>4/21/81</u>	
<u>SMITH, PAUL</u>	<u>SON</u>	<u>M</u>	<u>214-32-9492</u>	<u>7/2/09</u>	
<u>SMITH, CAREN</u>	<u>DAUGHTER</u>	<u>F</u>	<u>081-29-6167</u>	<u>11/15/12</u>	
<u>SMITH, ANNE</u>	<u>DAUGHTER</u>	<u>F</u>	<u>306-41-9438</u>	<u>3/16/15</u>	

COBRA Qualifying Event: (Place "X" in applicable box below. Indicate "qualifying date" event here >>> / /)

<input type="checkbox"/>	Date Benefits/Coverage Ended	<input type="checkbox"/>	Date Employee Died	<input type="checkbox"/>	Date of Divorce
<input checked="" type="checkbox"/>	Date Employment Ended	<input type="checkbox"/>	Date Child Becomes Eligible	<input type="checkbox"/>	Date Employee Elected Medicare

Important Notices:

- You and any of your family members who are covered on the day before the qualifying event are eligible to continue under COBRA. If you choose not to continue under COBRA and your election period expires, you will not be allowed to re-enter the plan.
- Any person covered on the day before the qualifying event can elect coverage, including a spouse or dependent child, even if the former employee does not elect coverage.

Payment Instructions: Make **COBRA** payment checks payable to **Chinese American Planning Council (CPC-CDPAP)** and mail to: **CPC-CDPAP Inc., 1 York Street 2nd. Floor, New York, NY 10013 Attn: PA COBRA**

Payments are **due TEN (10) business days before the start of the month of coverage being paid for** (i.e. payment for the month of May, 2023 must be received no later than April, 18, 2023). Your first month's payment should cover the number of months necessary to bring your COBRA coverage "current" through the end of the current month when submitting this form. Payments **NOT** received on or before your 30 day grace period will result in **cancellation** of your NYS Continuation/COBRA coverage.

YES: I am electing **COBRA** coverage as indicated above: (please sign below in ink only)

Employee: David Smith Telephone #: (917) 36-4311 Date: 2/24/2023

NO: I am **not** electing **COBRA** coverage: (please sign below in ink only)

Employee: _____ Telephone #: (____) ____ - ____ Date: ____/____/____

For CPC-CDPAP Office use Only: PA EE ID # _____ Check Deposit Date: ____/____/____
COBRA Start Date: ____/____/____ COBRA End Date: ____/____/____ COBRA # of Months: _____
Check # _____ Check Amt. \$ _____ Approval Signature: _____ Date: ____/____/____



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, your rights and responsibilities when receiving healthcare, and your rights under the Women's Health and Cancer Rights Act, go to empireblue.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 empireblue.com/memberrights. To request a printed copy, please contact your Benefits Administrator or Human Resources representative.

Special enrollment rights

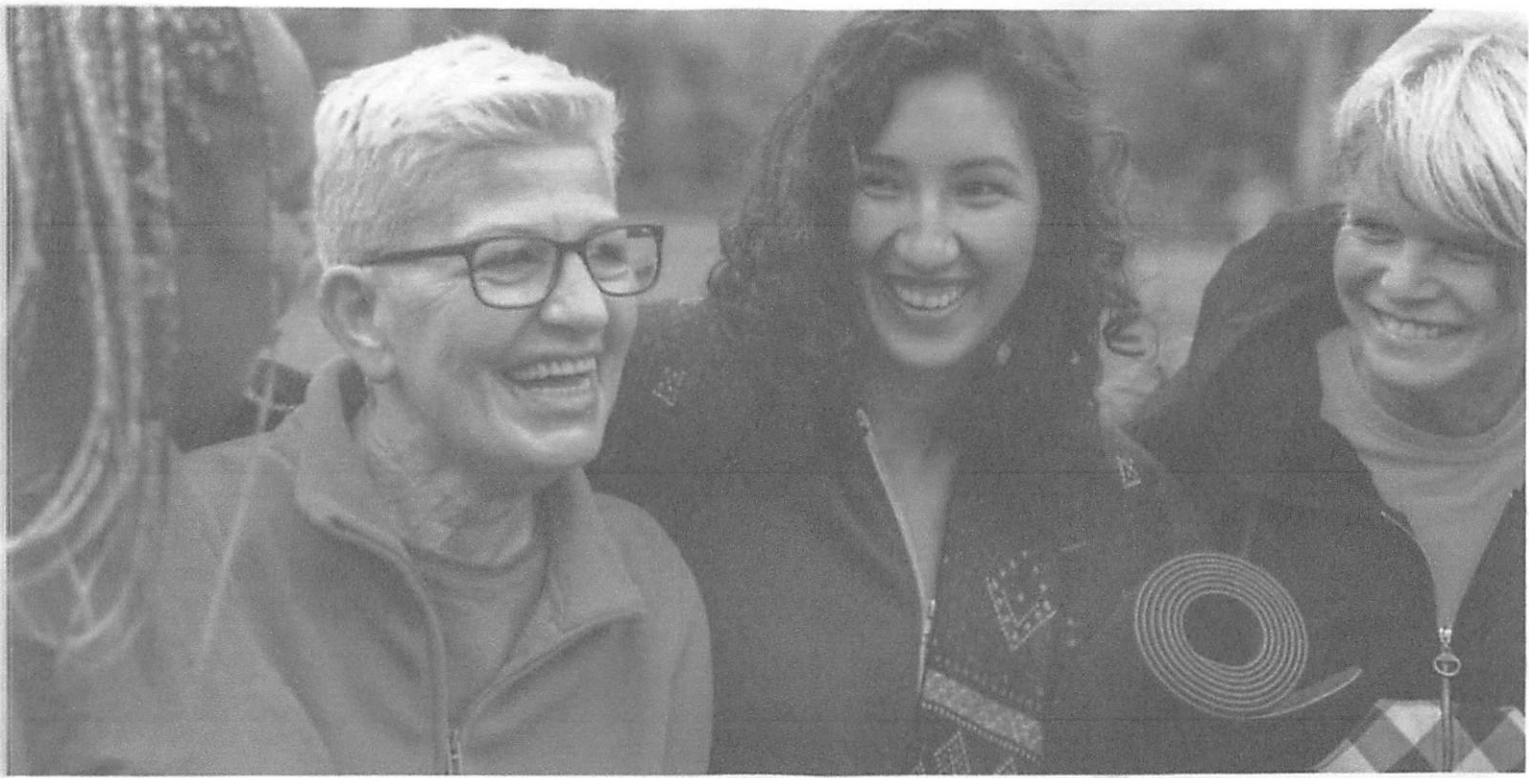
Open enrollment usually happens once a year. That's the time you can choose a plan, enroll in it, or make changes to it. If you choose not to enroll, there are special cases when you're allowed to enroll during other times of the year.

- **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 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 empireblue.com.



Are you ready to choose your plan?

Your benefits administrator or human resources representative will contact you soon with specific enrollment instructions for your organization.

Your plan is here for you to use

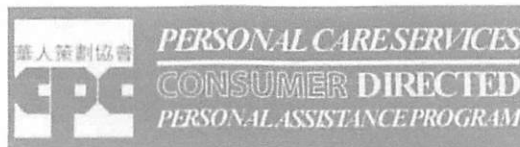
If you would like extra help

Empire Health Guides are here to help you make the most out of your medical plan. These highly trained Empire associates will help you with all your health care needs.

Reach a health guide by calling the number on your member ID card. You also can go to empireblue.com to send a secure email or chat with them online.



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