A close-up photograph of a young Black man with short hair, smiling broadly. He is wearing a light blue denim jacket over a grey hoodie. The background is blurred with warm, out-of-focus lights.

A personal health guide for students

**Knowing where to
go for care and how
to pay for it**

Anthem  | STUDENT ADVANTAGE

Welcome to college – and your new health plan

College life is often filled with new experiences, one of which might be managing your own healthcare. Benefits, providers, ID cards, alternative care options – it may seem like a lot of new information to understand and try to navigate. As your healthcare partner, Anthem is here to help. This guide can be your first step. Use the information here to learn how to understand your benefits, find the care you need, and make sure the care you seek is covered under your health plan.

For questions about your
benefits and options for care,
call your school's health plan
administrators
at (866) 535-0456



Using your Anthem health benefits

Your member ID card

Once you are enrolled in a health plan, you will receive a member ID card. This card will show your member ID number, a plan or group number, and phone numbers to call if you need help. You can view and download your ID card on our SydneySM Health app or on anthem.com (see page 5 for additional information). Always keep your member ID card handy in case you need unexpected health services.

Paying for care

When you have health coverage, your health plan pays a portion or all of your healthcare expenses. To make sure your costs are covered, it is important to:

- Check if the doctor or healthcare facility you are visiting accepts your health plan and is in the plan's network. If they are not in your network, you may have to pay extra for care. To find out, use the Find Care feature on our Sydney Health app or anthem.com.
- Show your member ID card when you receive healthcare services to let the medical staff know you have health benefits.
- Pay attention to mail or emails you receive concerning medical bills. There may be costs that are your responsibility.

Benefits

The Sydney Health app and Anthem website: personalized, convenient tools to help manage your health

The Sydney Health mobile app and our website, anthem.com, provide quick access to benefits details, Member Services, and wellness tools and resources. You can also chat with a Student Support specialist who can help you set up reminders and alerts and find doctors based on your needs.



Through the Sydney Health app and on anthem.com, you can:



Find health services from doctors and hospitals.



Have a video visit with a board-certified doctor without an appointment.



Find or update your primary care doctor information.



Look for exclusive discount offers available through your plan.



Check how much care costs.



Learn about your benefits.



Check your claims.



Chat with a Student Support specialist.



View and use your digital ID cards.

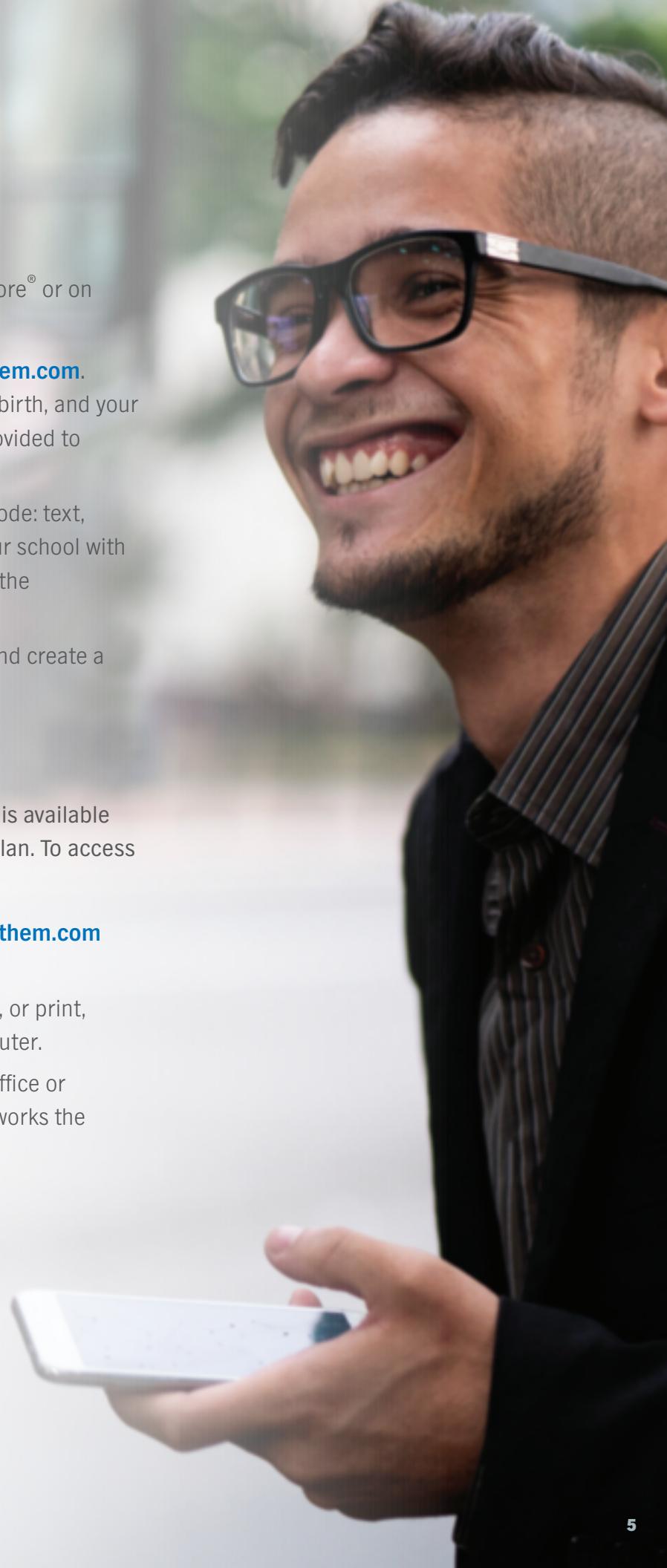
To create your account:

1. Search for Sydney Health in the App Store[®] or on Google Play[™].
2. You can also create an account at anthem.com.
Register using your student ID, date of birth, and your first and last name exactly as it was provided to your school.
3. Select an option to receive a security code: text, voice mail, or email. If you provided your school with an international phone number, select the email option.
4. Enter the code on the app or website and create a user ID to explore your plan.

About your digital ID card

As an Anthem member, your digital ID card is available to you as soon as you are enrolled in your plan. To access this card:

- Register on the Sydney Health app or anthem.com with your student ID.
- Download your card to your smartphone, or print, email, or fax it from your phone or computer.
- Show your digital card to your doctor's office or health facility from your smartphone. It works the same way as a printed card.



Checkups: regular well checks can help you stay healthy

It's important not to wait until you are sick to see a doctor. With regular checkups, you can ask your doctor questions about your health and find out what you need to work on to stay healthy. This is called preventive care, and it can often keep health problems from starting or catch them early, when they're easier to treat. In certain plans, preventive care visits are available at no charge.

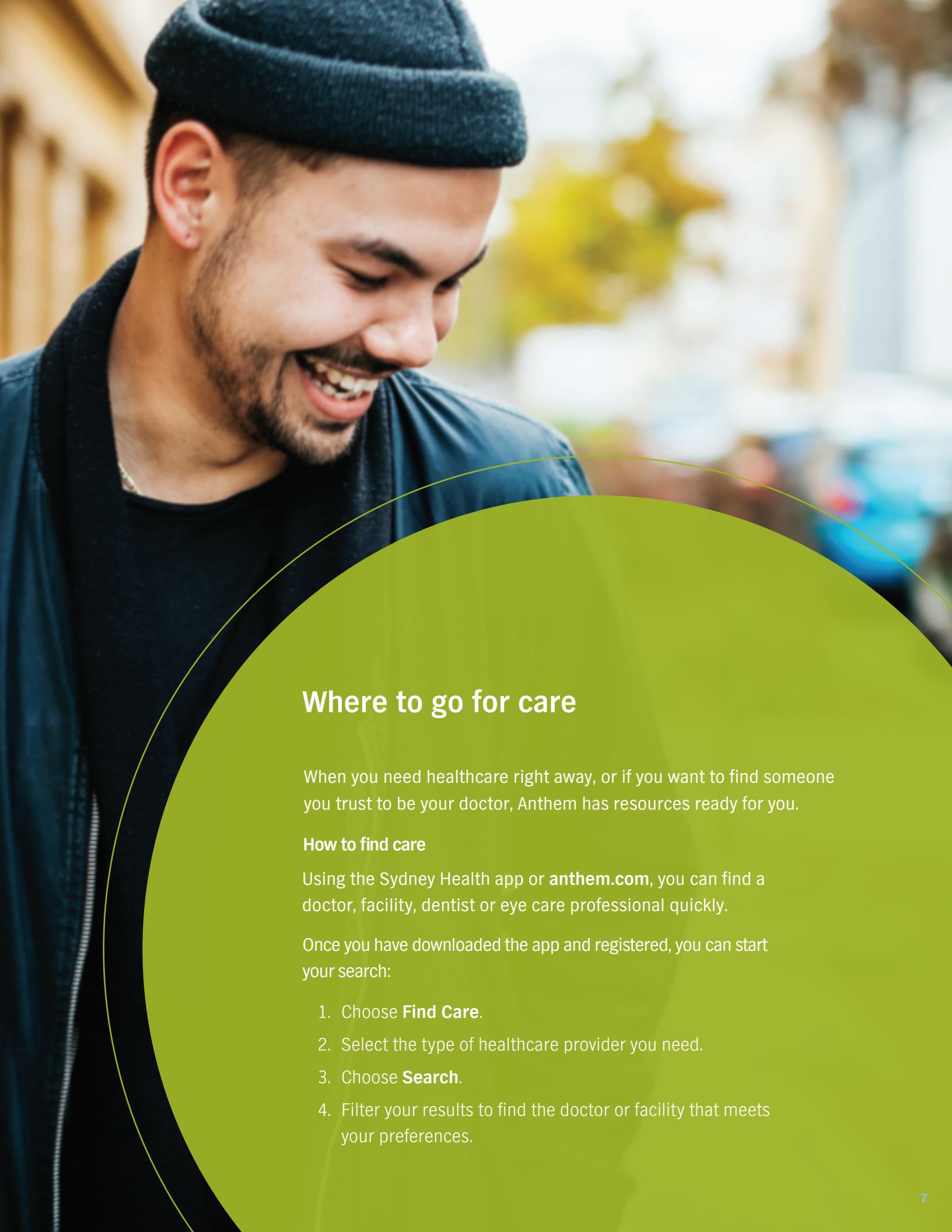


To prepare for your checkup, it's a good idea to create a list to bring with you.

This list can include:

- Your health history and your family's. Include illnesses and conditions you and your family have experienced. You may want to ask a parent or guardian to share details your doctor should know and send your doctor your previous medical records electronically.
- Medications you take, including vitamins and medications you buy over the counter, such as nasal sprays and antihistamines.
- Questions you have about your health, including problems you may have. Please do not hold back. This is your chance to focus on becoming your healthiest self.

During a checkup, the doctor may ask you about your eating habits; how active you are; if you're feeling stressed; if you use drugs, tobacco, or alcohol; and if you practice safe sex. It's important to be honest with your answers because your health depends on it. If you feel uncomfortable being honest with the doctor you are seeing, use the Sydney Health app or anthem.com to search for a different one.



Where to go for care

When you need healthcare right away, or if you want to find someone you trust to be your doctor, Anthem has resources ready for you.

How to find care

Using the Sydney Health app or anthem.com, you can find a doctor, facility, dentist or eye care professional quickly.

Once you have downloaded the app and registered, you can start your search:

1. Choose **Find Care**.
2. Select the type of healthcare provider you need.
3. Choose **Search**.
4. Filter your results to find the doctor or facility that meets your preferences.

What to do if you need care quickly

If you are experiencing an emergency health situation, call 911 or go to the nearest emergency room (ER). If you need immediate care for a condition that is not life threatening, please follow the steps below:

STEP 1 Visit your Student Health Center – or call your primary care doctor. If your Student Health Center is closed, your doctor can help you decide where to find care, whether it is in their office, the ER, or another healthcare facility.

STEP 2 If your doctor is not available, call 24/7 NurseLine. You can find the number for 24/7 NurseLine on your ID card. Call this number anytime to speak with a registered nurse.

STEP 3 If it's not an emergency, you may want to choose one of the following options to save time and money.

- **Retail health clinic:** often located in major pharmacies and retail stores, retail clinics provide basic health services from healthcare professionals.
- **Walk-in doctor's office:** often doesn't require an appointment.
- **Urgent care center:** can help with conditions that need to be treated right away.
- **Sydney Health:** Use the app to see a doctor through a telehealth video visit or text chat.

With Sydney Health you can:

- Have a real-time live chat with a Student Support specialist for quick answers.
- Directly connect to care through a video visit or text session.

To start, download the free mobile app.



Emotional Well-being Resources offers help when you need it

As an Anthem member, you have full access to Emotional Well-being Resources, a program administered by Learn to Live that can help you manage mental health concerns, including:

- Stress
- Anxiety
- Depression
- Sleep Issues
- Substance use

Through online programs and personalized coaching, you can work through thoughts and behaviors that affect your emotional well-being and start building resilience.

Log in to Sydney Health or anthem.com, go to *My Health Dashboard*, choose **Programs**, and select **Emotional Well-being Resources** to begin.

A wealth of resources at no extra cost to you

- **Personalized, one-on-one coaching** by email, text, or phone
- **Your own support team** to help you stay motivated
- **Weekly mindfulness tips** to improve your mood
- **Well-being webinars** with expert tips, advice, and information



Your pharmacy benefits: the basics for filling prescriptions and saving money

With the Anthem Student Advantage Plan, there are three ways to have your prescriptions filled:

- **On campus:** If you have a Student Health Center on campus, they can often fill prescriptions for you.
- **A drugstore:** For the highest level of savings, use a drugstore that is in your pharmacy network. To find a network pharmacy, log in to the Sydney Health app or anthem.com.
- **Home delivery:** If you take certain medications on a regular basis, like asthma medication or birth control pills, you can have your medication sent to your current residence through our home delivery service. Have your doctor send the prescription to the CarelonRx Home Delivery Pharmacy, or call the Pharmacy Member Services number on your ID card 24 hours a day, seven days a week.

You may need approval for certain drugs

Certain drugs require preapproval (also known as prior authorization) before you can have a prescription filled. The pharmacist will talk to Anthem or your doctor for approval.

How to find cost information

Your pharmacist can tell you the cost before they fill your prescription. For home delivery, you can check the cost by logging in to Sydney Health or [anthem.com](https://www.anthem.com) and using our Price a Medication tool. You can also call the Pharmacy Member Services number on your ID card 24 hours a day, seven days a week. You will need to have this information ready:

- Drug name
- Strength
- Form (tablet, capsule, or liquid)
- Total quantity and how much to take each day (for example: one tablet per day for 30 days, 30 tablets total)

If the cost of your medication is too high, ask your doctor if a less expensive option is available.

Tips for saving money on prescription drugs

Choose generic drugs. Brand-name and generic medicines have the same active ingredients, strength, quality standards, and dosage. They work the same, but the generic will usually cost less. If no generic medicine is available, ask your doctor if another medicine option has a generic version. Keep in mind:

- Your pharmacy could fill your prescription with a generic medicine in place of a brand-name drug. If you or the doctor do not want the generic, you can choose the brand-name drug, but it will probably cost more.
- If your doctor writes “dispense as written” on your prescription, the pharmacy will only give you that specific medicine. You can still ask your pharmacist to contact your doctor to see if there is a generic option.

Check your drug list or formulary

Your plan has a list of covered medicines, also called a formulary, that includes hundreds of brand-name and generic medicines. If your medicines are on this list, your out-of-pocket costs will be lower. Your drug list can change, so it is a good idea to check it before you fill a new prescription. If your medicines are not on the list, ask your pharmacist or doctor about other options. You can find your plan's drug list on Sydney Health or [anthem.com](https://www.anthem.com).

Know about drug tiers

The medicines on your plan's list are grouped into numbered tiers. The lower the tier, the lower the amount you pay out of your own pocket. If your drug is on a higher tier, ask your doctor if there's one on a lower tier that will work just as well.

Quantity limits: a step to keep you safe

Taking too much medicine or using it too often is dangerous. To help with this, your plan may have a quantity limit, which puts a cap on how much medicine the pharmacy can give you each month.

If you have questions chat with us through Sydney Health or [anthem.com](https://www.anthem.com), or call Anthem 24/7 at the Pharmacy Member Services number on your ID card.



Making sure you have care away from home

With Anthem Student Advantage and GeoBlue, you have the benefits you need wherever you are.¹

Global TeleMD™ gives you confidential access to international doctors by telephone or video call anywhere in the world.²

If you're traveling out of the country, you are covered for medical expenses up to a \$250,000 policy-year maximum with no deductibles or copays.³

In emergency situations worldwide, you have access to a 24/7 help center and quality care and support from global medical experts, as well as coverage for emergency medical evacuations and repatriation of remains.

Steps to take if you have a medical emergency abroad:

- Go immediately to the nearest doctor or hospital.
- Contact GeoBlue's 24/7 Member Services, Medical Assistance, and Evacuation Services. Outside the United States, call collect at [+1.484-808-5225](tel:+14848085225). Within the United States, call [833-511-4763](tel:8335114763). You may also email customerservice@geo-blue.com.

For additional information on GeoBlue, visit geobluestudents.com or use the GeoBlue Global Health and Safety contact information on the back of your member ID card.

1 GeoBlue is the trade name of Worldwide Insurance Services, LLC (Worldwide Services Insurance Agency, LLC in California and New York), an independent licensee of the Blue Cross and Blue Shield Association. GeoBlue is the administrator of coverage provided under insurance policies issued by 4 Ever Life International Limited, Bermuda, an independent licensee of the Blue Cross Blue Shield Association. Coverage is not available in all states. Some restrictions apply.

2 Telemedicine services are provided by Teladoc Health, directly to members. GeoBlue assumes no liability and accepts no responsibility for information provided by Teladoc Health and the performance of the services by Teladoc Health. Support and information provided through this service does not confirm that any related treatment or additional support is covered under a member's health plan.

3 Consult your coverage certificate for benefit limitations and exclusions. These medical expenses are limited and are subject to limitations and exclusions. See full certificate of insurance for a full description of services and coverage of what is and isn't covered.



24/7 NurseLine: answers to health questions from a registered nurse, anytime

As an Anthem member, you can call 24/7 NurseLine to speak with a registered nurse for medical advice. Nurses can also help you:

- Find doctors and specialists in your area.
- Navigate Sydney Health to video chat with a doctor.
- Enroll in valuable health management programs for certain health conditions.
- Learn about important exams and screenings (tests) you should have, including dental and vision checkups.
- Know what to do during natural disasters and health outbreaks.
- Receive links to health-related educational videos and audio topics.

To speak to a nurse at 24/7 NurseLine, call 844-545-1429.

A photograph of two young men laughing together. The man on the left has curly hair and is wearing a dark plaid shirt. The man on the right has short, dark hair and is wearing a green and blue plaid shirt. They are both looking down at a book or document they are holding together. The background is a bright, possibly windowed, room.

Wishing you a healthy year

We're happy to provide you with personal support and guidance about your health and your health plan throughout your college years. If you'd like additional information about programs to improve your health and wellness, resources for emotional health, and other helpful details, please log on to your Sydney Health app or **anthem.com** or call the number on your member ID card. Anthem is always here to help you.

Helpful terms to know

Here are definitions of commonly used health plan and healthcare terms.

For a full list, please visit anthem.com/glossary.

Benefits: The healthcare services and supplies we cover for you when you are a member. For example, if you have healthcare benefits with us, we help cover the cost of the healthcare you receive.

Claim: A claim is what a doctor submits to us in order to receive payment. It shows the medical services that were provided to you.

Coinurance: This is your share of the costs for covered healthcare services, calculated as a percentage.

Copay or copayment: A flat fee you pay for a covered service, such as a doctor visit.

Covered services: Care you receive from doctors and hospitals that we have agreed to pay a portion of as part of your benefits.

Deductible: The amount you pay for covered healthcare services each year before your health plan begins paying.

Drug formulary: A list of medicines that your health plan covers.

Drug tiers: Prescription drugs are put into different categories based on how much they cost, whether they are brand name or generic. Tier 1 drugs have the lowest copay and are mostly generic versions of brand-name drugs. Tier 2 is made up of midpriced drugs that may be brand name but are “preferred” within their drug class. Tier 3 has mostly brand-name drugs with higher copays.

Explanation of benefits (EOB): A statement sent to you after you go to the doctor or hospital that lists the healthcare treatment you received. It shows the amount the doctor charged, how much we paid, and what you will be billed based on your benefits. An EOB is not a bill.

Generic drug: When a drug company develops a new drug, they are the only ones allowed to make and sell it for a while under their brand name. After a period of time, other companies are allowed to make generic versions of it. Those versions have the same active ingredients and quality standards but cost less.

Health maintenance organization (HMO): A health plan that requires you to obtain healthcare only from doctors and hospitals in the plan. You will need to choose a main doctor — also called a primary care doctor — from your health plan network. If you need a specialist, you may have to go through your primary care doctor for a referral.

In network: The doctors, hospitals, labs, and other healthcare professionals contracted with your health plan to provide care at discounted rates.

Out of network: A doctor, hospital, lab, or other healthcare professional that has not contracted with your health plan to provide services at a discounted rate. Certain plans provide coverage when you go to out-of-network providers and others do not. Even if your plan provides out-of-network coverage, you will almost always pay a higher price for the same level of care. Doctors who are out of our network may be called “nonparticipating” or “nonpar” providers — meaning they do not participate in your health plan network.

Out-of-pocket maximum: The most you will pay for covered services in a plan year. After that, your plan will pay for the rest of your covered care that year.

Preapproval: here are healthcare services you or your doctor need to let us know about before you receive them to ensure they're covered by your plan. We also check that the services are appropriate for your health issue and don't conflict with other care you are receiving or medicine you are taking. This is also called preauthorization, prior authorization, or precertification.

Preferred provider organization (PPO): A health plan that allows you to go to doctors or hospitals inside or outside of the plan's network. You will almost always pay less for the same level of care when you go to one in your health plan's network. You do not usually need a referral from your primary care doctor to see a specialist.

Primary care physician (PCP) or primary care doctor: The main doctor you see for checkups and preventive care. They look out for your whole health and are also your first stop if you are sick or injured (unless it is an emergency). Certain health plans, especially HMO plans, may require you to go through your primary care doctor for a referral to other doctors, such as specialists.

Referral: A suggestion of a doctor or hospital to visit. With certain health plans, especially HMO plans, you may need a referral from your primary care doctor to see a specialist or receive other care.

Specialist: A doctor or other health professional who has advanced education and training in a certain area of medicine.



Anthem STUDENT ADVANTAGE

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

Sydney Health is offered through an arrangement with Carelon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2023 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

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