2026 Comparison Of Statewide Plans

Effective July 1, 2026 or October 1, 2026

The Local Choice 2026 Comparison of Statewide Plans

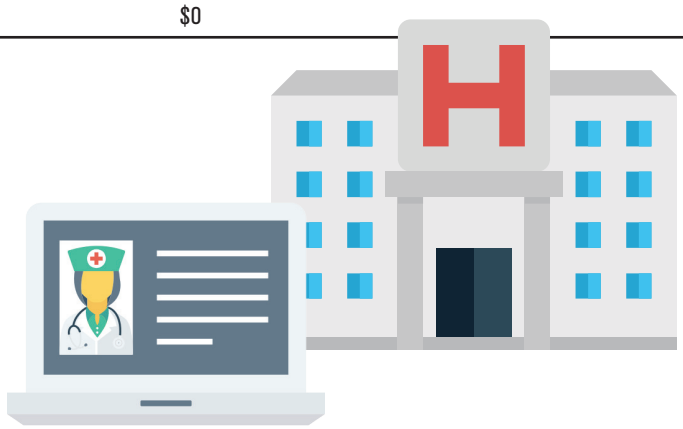
	Key Advantage Expanded			Key Advantage 250		
Plan Year Deductible (Key Advantage: Applies to Certain Medical Services as indicated on Chart. There are separate Plan Year Deductibles for Routine Dental Services and Outpatient Prescription Drugs. See applicable sections of Chart.) (HDHP: Applies to Medical, Behavioral Health, and Prescription Drug Services)	**In-Network:** One Person $100 **Out-of-Network:** $200	Two People *See Family* *See Family*	Family $200 $400	**In-Network:** One Person $250 **Out-of-Network:** $500	Two People *See Family* *See Family*	Family $500 $1,000
Plan Year Out-of-pocket Expense Limit	**In-Network:** One Person $2,000 **Out-of-Network:** $3,000	Two People *See Family* *See Family*	Family $4,000 $6,000	**In-Network:** One Person $3,000 **Out-of-Network:** $5,000	Two People *See Family* *See Family*	Family $6,000 $10,000
Out-of-Network Benefits	Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.			Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.		
Medical Care When Traveling (BlueCard)	Included			Included		
Lifetime Maximum	Unlimited			Unlimited		
Covered Services	**In-Network You Pay**			**In-Network You Pay**		
Ambulance Travel	20% coinsurance after deductible			20% coinsurance after deductible		
Autism Spectrum Disorder	Copayment/coinsurance determined by service received			Copayment/coinsurance determined by service received		
Behavioral Health and EAP *Inpatient treatment* • Facility Services • Professional Provider Services *Outpatient Professional Provider Visits*	 $300 copayment per stay $0 $15 copayment			 $400 copayment per stay $0 $20 copayment		
Employee Assistance Program (EAP)[1] 4 visits per issue (per plan year)	$0			$0		
Dental Care **Preventive Dental Option** *(diagnostic and preventive services only for lower premium)*	$0			$0		
Comprehensive Dental Option *(for higher premium)* Dental Plan Year Deductible Plan Year Maximum (Except Orthodontics) • Preventive Dental Care • Primary Dental Care • Major Dental Care • Orthodontic Services (Includes Adult Ortho)	 *One Person* $25 $1,500 $0 20% coinsurance after dental deductible 50% coinsurance after dental deductible 50% coinsurance, no dental deductible, with $1,500 lifetime maximum	*Two People* $50	*Family* $75	 *One Person* $25 $1,500 $0 20% coinsurance after dental deductible 50% coinsurance after dental deductible 50% coinsurance, no dental deductible, with $1,500 lifetime maximum	*Two People* $50	*Family* $75

[1] ***NEW 2026*** - **Anthem Employee Assistance Program (EAP)** *is now available to all employees and household members and dependents, even if you are not enrolled in a TLC plan.*

Key Advantage 500			Key Advantage 1000			High Deductible Health Plan		
In-Network:			**In-Network:**					
One Person	Two People	Family	One Person	Two People	Family	One Person	Two People	Family
$500	*See Family*	$1,000	$1,000	*See Family*	$2,000	$3,400	See Family	$6,800
Out-of-Network:			**Out-of-Network:**			Deductible is combined for In-Network and Out-of-Network services.		
$1,000	*See Family*	$2,000	$2,000	*See Family*	$4,000			
In-Network:			**In-Network:**			**In-Network:**		
One Person	Two People	Family	One Person	Two People	Family	One Person	Two People	Family
$4,000	*See Family*	$8,000	$5,000	*See Family*	$10,000	$5,000	See Family	$10,000
Out-of-Network:			**Out-of-Network:**			**Out-of-Network:**		
$7,000	*See Family*	$14,000	$9,000	*See Family*	$18,000	$10,000	See Family	$20,000
Yes. Once you meet the out-of-network deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.			Yes. Once you meet the out-of-netwo rk deductible, you pay 30% coinsurance for medical and behavioral health services. Copayments do not apply to medical and behavioral health services. Copayments and coinsurance for routine vision, outpatient prescription drugs and dental services will still apply.			Yes. Once you meet the combined deductible you pay 40% coinsurance for medical, behavioral health and prescription drug services from Out-of-Network providers.		
Included			Included			Included		
Unlimited			Unlimited			Unlimited		
In-Network You Pay			**In-Network You Pay**			**In-Network You Pay**		
20% coinsurance after deductible			20% coinsurance after deductible			20% coinsurance after deductible		
Copayment/coinsurance determined by service received			Copayment/coinsurance determined by service received			20% coinsurance after deductible		
20% coinsurance after deductible			20% coinsurance after deductible			20% coinsurance after deductible		
$0			$0			20% coinsurance after deductible		
$25 copayment			$25 copayment			20% coinsurance after deductible		
$0			$0			$0		
$0			$0			$0		
One Person	*Two People*	*Family*	*One Person*	*Two People*	*Family*	*One Person*	*Two People*	*Family*
$25	$50	$75	$25	$50	$75	$25	$50	$75
$1,500			$1,500			$1,500		
$0			$0			$0		
20% coinsurance after dental deductible			20% coinsurance after dental deductible			20% coinsurance after dental deductible		
50% coinsurance after dental deductible			50% coinsurance after dental deductible			50% coinsurance after dental deductible		
50% coinsurance, no dental deductible, with $1,500 lifetime maximum			50% coinsurance, no dental deductible, with $1,500 lifetime maximum			50% coinsurance, no dental deductible, with $1,500 lifetime maximum		

The Local Choice 2026 Comparison of Statewide Plans (continued)

Covered Services	Key Advantage Expanded In-Network You Pay	Key Advantage 250 In-Network You Pay
Diabetic Education	$0	$0
Diabetic Equipment	20% coinsurance after deductible	20% coinsurance after deductible
Diabetic Supplies - See Outpatient Prescription Drugs		
Diagnostic Tests and X-rays (for specific conditions or diseases at a doctor's office, emergency room or outpatient hospital department)	20% coinsurance, no deductible	20% coinsurance after deductible
Doctor Visits – on an Outpatient Basis		
Primary Care Physicians	$15 copayment	$20 copayment
Specialty Care Providers	$25 copayment	$35 copayment
Early Intervention Services	Copayment/coinsurance determined by service received	Copayment/coinsurance determined by service received
Emergency Room Visits		
Facility Services	$250 copayment per visit (waived if admitted to hospital)	$350 copayment per visit (waived if admitted to hospital)
Professional Provider Services		
- Primary Care Physicians	$15 copayment	$20 copayment
- Specialty Care Providers	$25 copayment	$35 copayment
Diagnostic Tests and X-rays	20% coinsurance, no deductible	20% coinsurance after deductible
Home Health Services (90 visit plan year limit per member)	$0	$0
Home Private Duty Nurse's Services	20% coinsurance after deductible	20% coinsurance after deductible
Hospice Care Services	$0	$0
Hospital Services		
Inpatient Treatment		
• Facility Services	$300 copayment per stay	$400 copayment per stay
• Professional Provider Services		
- Primary Care Physicians	$0	$0
- Specialty Care Providers	$0	$0
Outpatient Treatment		
• Facility Services	$100 copayment	$150 copayment
• Professional Provider Services		
- Primary Care Physicians	$15 copayment	$20 copayment
- Specialty Care Providers	$25 copayment	$35 copayment
Diagnostic Tests and X-Rays	20% coinsurance, no deductible	20% coinsurance after deductible
Virtual Care through Sydney Health app		
• LiveHealth Online	$0	$0
• Video Visit with Medical Provider	$0	$0
• Virtual Wellness/ Preventive Visit	$0	$0



Key Advantage 500 In-Network You Pay	Key Advantage 1000 In-Network You Pay	High Deductible Health Plan In-Network You Pay
$0	$0	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
$25 copayment $40 copayment	$25 copayment $40 copayment	20% coinsurance after deductible 20% coinsurance after deductible
Copayment/coinsurance determined by service received	Copayment/coinsurance determined by service received	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
$25 copayment $40 copayment 20% coinsurance after deductible	$25 copayment $40 copayment 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible
$0	$0	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
$0	$0	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
$0 $0	$0 $0	20% coinsurance after deductible 20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
$25 copayment $40 copayment 20% coinsurance after deductible	$25 copayment $40 copayment 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible 20% coinsurance after deductible
$0 $0 $0	$0 $0 $0	$0 $0 $0

The Local Choice 2026 Comparison of Statewide Plans (continued)

Covered Services	Key Advantage Expanded In-Network You Pay	Key Advantage 250 In-Network You Pay
Maternity		
Professional Provider Services (Prenatal & Postnatal Care)		
– Primary Care Physicians	$15 copayment	$20 copayment
– Specialty Care Providers	$25 copayment	$35 copayment
	If your doctor submits one bill for delivery, prenatal and postnatal care services, there is no copayment required for physician care. If your doctor bills for these services separately, your payment responsibility will be determined by the services received.	
Delivery		
– Primary Care Physicians	$0	$0
– Specialty Care Providers	$0	$0
Hospital Services for Delivery (Delivery Room, Anesthesia, Routine Nursing Care for Newborn)	$300 copayment per stay*	$400 copayment per stay*
Outpatient Diagnostic Tests	20% coinsurance, no deductible	20% coinsurance after deductible
Medical Equipment, Appliances, Formulas, Prosthetics and Supplies	20% coinsurance after deductible	20% coinsurance after deductible
Outpatient Prescription Drugs - Mandatory Generic		
Outpatient Prescription Drug Plan Year Deductible (Key Advantage Plans Only) [1]	One Person: $150 / Two People: See Family / Family: $300	One Person: $150 / Two People: See Family / Family: $300
*Retail up to 34-day supply**	Tier 1 - $10 copayment, no deductible Tier 2 - $30 copayment after deductible Tier 3 - $45 copayment after deductible Tier 4 - 20% coinsurance after deductible up to $200 maximum	Tier 1 - $10 copayment, no deductible Tier 2 - $30 copayment after deductible Tier 3 - $45 copayment after deductible Tier 4 - 20% coinsurance after deductible up to $200 maximum
*You may purchase up to a 90-day supply at a retail pharmacy by paying multiple copayments, oor the coinsurance after the deductible		
Home Delivery Services (Mail Order) Covered Drugs for up to a 90-Day Supply	Tier 1 - $20 copayment, no deductible Tier 2 - $60 copayment after deductible Tier 3 - $90 copayment after deductible Tier 4 - 20% coinsurance after deductible up to $200 maximum	Tier 1 - $20 copayment no deductible Tier 2 - $60 copayment after deductible Tier 3 - $90 copayment after deductible Tier 4 - 20% coinsurance after deductible up to $200 maximum
Diabetic Supplies	20% coinsurance, no deductible	20% coinsurance, no deductible
Prescription Insulin Drugs to Treat Diabetes	34-day supply not to exceed $50 90-day supply not to exceed $150	34-day supply not to exceed $50 90-day supply not to exceed $150
Routine vision - Blue View Vision Network (Once Every Plan Year)		
Routine Eye Exam	$25 copayment	$35 copayment
Standard Eyeglass Lenses (in Lieu of Contact Lenses)	$20 copayment**	$20 copayment**
Eyeglass Frames	Up to $100 retail allowance***	Up to $100 retail allowance***
Contact Lenses (In Lieu of Eyeglass Lenses)		
• Elective	Up to $100 retail allowance	Up to $100 retail allowance
• Non-Elective	Covered in full	Covered in full
Upgrade Eyeglass Lenses (Available for Additional Cost)		
• UV Coating, Tints, Standard Scratch-Resistant	$15	$15
• Standard Polycarbonate (Adult)	$40	$40
• Standard Progressive	$65	$65
• Standard Anti-Reflective	$45	$45
• Other Add-Ons	20% off retail	20% off retail
Shots – Allergy & Therapeutic Injections (At Doctor's Office, Emergency Room or Outpatient Hospital Department)	20% coinsurance, no deductible	20% coinsurance after deductible

[1] *NEW 2026 - Outpatient Prescription Drug Deductible applies to tiers 2 - 4.*

**This plan will waive the hospital copayment if the member registers for the Building Healthy Families program, and completes a pregnancy screener and one mini assessment within the app before delivery.*

***Polycarbonate lenses included at no additional cost for children under 19 years old.*

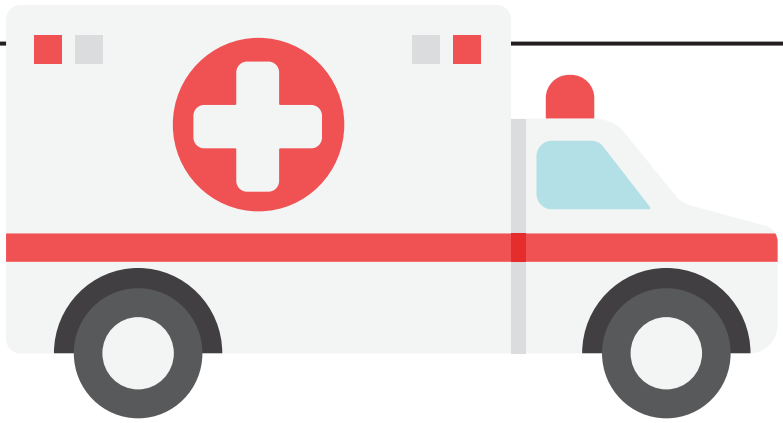
****You may select a frame greater than the covered allowance and receive a 20% discount for any additional cost over the allowance.*

Key Advantage 500 In-Network You Pay	Key Advantage 1000 In-Network You Pay	High Deductible Health Plan In-Network You Pay
$25 copayment	$25 copayment	20% coinsurance after deductible
$40 copayment	$40 copayment	20% coinsurance after deductible
If your doctor submits one bill for delivery, prenatal and postnatal care services, there is no copayment required for physician care. If your doctor bills for these services separately, your payment responsibility will be determined by the services received.		
$0	$0	20% coinsurance after deductible
$0	$0	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
One Person / Two People / Family $150 / See Family / $300	One Person / Two People / Family $150 / See Family / $300	Must meet $3,400/person or $6,800/family Plan Year Deductible, then 20% coinsurance)
Tier 1 - $10 copayment, no deductible Tier 2 - $30 copayment after deductible Tier 3 - $45 copayment after deductible Tier 4 - 20% coinsurance after deductible up to $200 maximum	Tier 1 - $10 copayment, no deductible Tier 2 - $30 copayment after deductible Tier 3 - $45 copayment after deductible Tier 4 - 20% coinsurance after deductible up to $200 maximum	20% coinsurance after deductible
Tier 1 - $20 copayment, no deductible Tier 2 - $60 copayment after deductible Tier 3 - $90 copayment after deductible Tier 4 - 20% coinsurance after deductible up to $200 maximum	Tier 1 - $20 copayment, no deductible Tier 2 - $60 copayment after deductible Tier 3 - $90 copayment after deductible Tier 4 - 20% coinsurance after deductible up to $200 maximum	20% coinsurance after deductible
20% coinsurance, no deductible	20% coinsurance, no deductible	20% coinsurance after deductible
34-day supply not to exceed $50 90-day supply not to exceed $150	34-day supply not to exceed $50 90-day supply not to exceed $150	34-day supply not to exceed $50 90-day supply not to exceed $150
$40 copayment $20 copayment** Up to $100 retail allowance***	$40 copayment $20 copayment** Up to $100 retail allowance***	$15 copayment $20 copayment** Up to $100 retail allowance***
Up to $100 retail allowance Covered in full	Up to $100 retail allowance Covered in full	Up to $100 retail allowance Covered in full
$15 $40 $65 $45 20% off retail	$15 $40 $65 $45 20% off retail	$15 $40 $65 $45 20% off retail
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible

The Local Choice 2026 Comparison of Statewide Plans (continued)

Covered Services	Key Advantage Expanded In-Network You Pay	Key Advantage 250 In-Network You Pay
Skilled Nursing Facility Stays (180-Day Per Stay Limit Per Member)		
Facility Services	$0	$0
Professional Provider Services	$0	$0
Spinal Manipulations and Other Manual Medical Interventions (30 Visits Per Plan Year Limit Per Member)		
Primary Care Physicians	$15 copayment	$20 copayment
Specialty Care Providers	$25 copayment	$35 copayment
Surgery – See Hospital Services		
Therapy Services *Infusion Services, Cardiac Rehabilitation Therapy, Chemotherapy, Radiation Therapy, Respiratory Therapy, Occupational Therapy, Physical Therapy, and Speech Therapy*		
Facility Services	20% coinsurance after deductible	20% coinsurance after deductible
Professional Provider Services		
– Primary Care Physicians	20% coinsurance after deductible	20% coinsurance after deductible
– Specialty Care Providers	20% coinsurance after deductible	20% coinsurance after deductible
Wellness services *Well Child (Office Visits at Specified Intervals Through Age 6)* – Primary Care Physicians; – Specialty Care Providers; – Immunizations and Screening Tests	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible
Routine Wellness – Age 7 & Older • Annual Check-Up Visit (One Per Plan Year) – Primary Care Physicians – Specialty Care Providers – Immunizations, Lab and X-Ray Services	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible
• Routine Screenings, Immunizations, Lab and X-Ray Services (Outside of Annual Check-Up Visit)	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible
Preventive Care (One of Each Per Plan Year) • Gynecological Exam • Pap Test • Mammography Screening • Prostate Exam (Digital Rectal Exam) • Prostate Specific Antigen Test • Colorectal Cancer Screenings	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible

Key Advantage 500 In-Network You Pay	Key Advantage 1000 In-Network You Pay	High Deductible Health Plan In-Network You Pay
$0	$0	20% coinsurance after deductible
$0	$0	20% coinsurance after deductible
$25 copayment $40 copayment	$25 copayment $40 copayment	20% coinsurance after deductible 20% coinsurance after deductible
20% coinsurance after deductible	20% coinsurance after deductible	20% coinsurance after deductible
20% coinsurance after deductible 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible	20% coinsurance after deductible 20% coinsurance after deductible
No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible
No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible
No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible
No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible	No copayment, coinsurance, or deductible



Health & Wellness Programs

Be your healthy best! The TLC plans include access to a host of health and wellness programs to help you manage your health issues.

- **ConditionCare:** Take advantage of free and confidential support to manage these conditions:
  - Asthma
  - Coronary artery disease (CAD)
  - Heart failure
  - Chronic obstructive pulmonary disease (COPD)
  - Diabetes
  - Hypertension

  You may receive a call from ConditionCare if your claims indicate you or an enrolled family member may be dealing with one or more of these conditions. While you're encouraged to enroll and take advantage of help from registered nurses and other healthcare professionals, you may also opt out of the program when they call.
- **Building Healthy Families**
  Building Healthy Families provides personalized, on-demand health support for members who are pregnant, postpartum, or raising young children. Building Healthy Families is now available via the Sydney Health app and delivers access to online educational articles, videos, health trackers, and personalized coaching via phone or chat.
- **MyHealth Advantage:** Receive personalized health-related suggestions, tips, and reminders via mail or email to alert you of potential health risks, care gaps or cost-saving opportunities.
- **24/7 NurseLine & Audio Health Library:** Sometimes you need health questions answered right away – even in the middle of the night. Call 24/7 NurseLine (800-337-4770) to speak with a nurse. Or use the Audio Health Library if you want to learn about a health topic on your own. Your call is always free and completely confidential.
- **CommonHealth** is the employee wellness program for The Local Choice. The main objective of CommonHealth is to promote wellness in the workplace. Yearly programs cover a variety of health and wellness subjects and are presented in a variety of formats - including onsite programs and video presentations that make it easy to participate.
  Not only are the programs educational and fun, they help you stay fit and healthy. For more information, visit **www.commonhealth.virginia.gov/tlc**.

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

Virtual Care Options through Sydney Health

Life is busy. When you need care and are short on time, you have many options for quick and convenient virtual care through the Sydney Health app. Use your smartphone to access virtual care solutions for all your physical and behavioral health needs, any hour of any day.

Services include:

- Comprehensive primary care, coordinated by a care team
- Wellness visits
- Preventive care and lab screenings
- 24/7 Urgent or sick care for common medical conditions like the flu, colds, allergies, pink eye, sinus infections, and more
- New prescriptions and refills
- Behavioral Health providers including therapists or psychologists, psychiatrists or EAP counselors
- Care for on-going conditions like diabetes, hypertension, and asthma
- Access to specialty care such as dermatologists and allergists

Log in to the Sydney Health app, and access the **Care Center** to view all the options available to you.

Employee Assistance Program (EAP)

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

Turn to your EAP for information and resources about:

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

Call 855-223-9277 or visit **anthemeap.com/the-local-choice**.

NEW 2026 - **Anthem Employee Assistance Program (EAP)** is now available to all employees and household members and dependents, even if you are not enrolled in a TLC plan.

We're here for you – in many languages

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

TTY/TTD:711

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. By calling Member Services, our members can get free in-language support, and free aids and services if you have a disability. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TTD: 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

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

- Download your health benefits summary and member handbook
- Find care
- Learn about your Employee Assistance Program (EAP)

Anthem.com

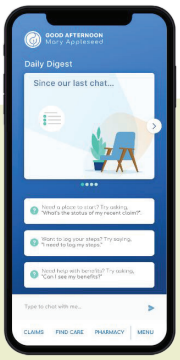
Log in to your confidential and secure account

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

thelocalchoice.virginia.gov

This is your resource for forms, Cardinal information and member notifications.

Sydney Health mobile app



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- Connect easily to care
- Track your health goals and fitness

Explore a comprehensive and personalized view of your company's benefit offerings, view and pay your Anthem bill, and get the latest news **through EmployerAccess**.

Getting started

- Identify the main administration contact or *Site Administrator* for your business. They will register for EmployerAccess and be responsible for adding additional users.
- Register at **employer.anthem.com/eea**.
- You will receive an email to complete the registration process.
- Once you're registered, be sure to download the EmployerAccess app.

The LOCAL CHOICE

SBCs are available on the web (**www.thelocalchoice.virginia.gov**) and the website is now included on the back of the benefit summary booklets. Subsequently, members will no longer receive postcards with the web address to SBCs. Please remember to order Open Enrollment Packets (which include Benefit Summaries and other member materials) for Open Enrollment. Order lead time is typically 10 business days.

Language Access Services - (TTY/TDD: 711)
(Spanish) - Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.
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