GDIS
Georgia Dental Insurance Services



HEALTHPLAN BENEFITS

Georgia Dental Association

2027

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Annual Notice Packet:
GDA Annual Health Notice Packet 2027

Dear Members,

Other carriers are raising their rates by more than 20% in 2027. We worked hard to keep our increase well below that. Your 2027 GDIS insurance rates are now available for review.

What We Did About It
Our team worked hard to keep increases as low as possible. The GDIS Board of Trustees went a step further. They voted to do their part to hold rates down, even though it affects the GDIS bottom line, because they recognize that GDIS exists for our members.

A Word on Value
We recognize that we are not the cheapest option. But is insurance really where you want the cheapest? We hope you never have to use your insurance. If you do, you will be glad to have a quality policy and a GDIS team there to support you and have your back.

How Will This Affect You?

- If you're currently a GDIS health insurance policy holder, you don't need to do anything unless you'd like to make changes to your policy, like adding a new family member or switching plans.
- If you're not a GDIS health insurance policy holder, reach out to us and let us walk you through your options. Even if you don't end up with GDIS, we are here for you. It's a benefit of being a GDA member.
- Don't forget, you can offer these policies to your staff without paying a dime.

We're Here to Support You
We understand that rate changes can raise questions, and our team is ready to help. Please reach out to your GDIS representative if you need help understanding your 2027 rates or coverage.

Thank you for your continued trust in Georgia Dental Insurance Services. We look forward to providing you with reliable, member-focused health coverage in 2027 and beyond.

Sincerely,



Kristen Morgan
Executive Director/CEO, Georgia Dental Association

WHO IS ELIGIBLE?

Benefits are available to employees of participating dental offices of the Georgia Dental Association and eligibility is set by the individual office. For those enrolling during Open Enrollment, your benefits will become effective on **January 1, 2027**. For new hires, your effective date will be set by your office.

Eligible dependents include



Your legal spouse or domestic partner



Your children from birth to age 26

(including your natural/legally adopted/stepchildren, and/or your unmarried dependent children of any age who are mentally or physically disabled and who are dependent on you for support)

Making Changes

You may only make changes to your elections during open enrollment each year or during the year if you experience a qualifying event. Qualifying events include, but are not limited to:

- Birth, legal adoption, or placement for adoption.
- Marital status.
- Dependent child reaches age 26.
- Spouse gains or loses employment or eligibility with current employer.
- Death of a covered dependent.
- Spouse or dependent becomes eligible or ineligible for Medicare/Medicaid or SCHIP.
- Change in residence that changes eligibility for coverage.
- Court-ordered change.

Changes to your coverage due to a qualifying life event must be made within **30 days** of that life event. Proof of the qualifying life event is required (marriage certificate, divorce decree, birth certificate, or loss of coverage letter).

Note: Any change you make to your coverage must be consistent with the change in status.

HOW TO ENROLL

To sign up for benefits, return your enrollment form no later than **Nov. 20.** For additional information go to **mygdis.com**.

Fax # **404.634.6099**
Email: **christy@gadental.org**

Enrollment Deadlines

Type of Employee / Dependent	Enrollment Opportunity	Coverage Effective Date
Current Employee	By Nov. 20, 2026	Jan. 1, 2027
New Hire	Must enroll within 30 days of effective date	Beginning of the Month
Employees who experience a Qualified Life Event	Changes must be made within 30 days of life event	As of eligibility date



MEDICAL MONTHLY RATES

POS 1500

Age Band	EE	ES	EC	EF
< 25	$924.73	$1,892.98	$1,782.32	$2,884.28
25 to 29	$964.86	$1,975.24	$1,859.77	$3,009.68
30 to 34	$1,095.92	$2,243.92	$2,112.72	$3,419.24
35 to 39	$1,168.48	$2,392.64	$2,252.74	$3,645.97
40 to 44	$1,260.44	$2,581.16	$2,430.22	$3,933.34
45 to 49	$1,487.02	$3,045.66	$2,867.53	$4,641.42
50 to 54	$1,895.16	$3,882.33	$3,655.24	$5,916.84
55 to 59	$2,301.61	$4,715.53	$4,439.66	$7,186.96
60 to 64	$2,747.03	$5,628.65	$5,299.33	$8,578.91
65+	$2,859.25	$5,861.43	$5,518.32	$8,935.11

POS 3500

Age Band	EE	ES	EC	EF
< 25	$806.47	$1,650.55	$1,554.07	$2,514.71
25 to 29	$841.45	$1,722.25	$1,621.58	$2,624.02
30 to 34	$955.70	$1,956.47	$1,842.09	$2,981.06
35 to 39	$1,018.95	$2,086.12	$1,964.16	$3,178.71
40 to 44	$1,099.12	$2,250.47	$2,118.88	$3,429.23
45 to 49	$1,296.64	$2,655.40	$2,500.10	$4,046.50
50 to 54	$1,652.44	$3,384.77	$3,186.79	$5,158.35
55 to 59	$2,006.75	$4,111.13	$3,870.61	$6,265.58
60 to 64	$2,395.04	$4,907.13	$4,620.03	$7,479.01
65+	$2,492.53	$5,109.72	$4,810.60	$7,789.21

POS HDHP

Age Band	EE	ES	EC	EF
< 25	$617.01	$1,262.12	$1,188.39	$1,922.61
25 to 29	$643.74	$1,316.94	$1,240.00	$2,006.16
30 to 34	$731.07	$1,495.95	$1,408.53	$2,279.04
35 to 39	$779.41	$1,595.04	$1,501.83	$2,430.11
40 to 44	$840.68	$1,720.65	$1,620.08	$2,621.58
45 to 49	$991.65	$2,030.14	$1,911.45	$3,093.36
50 to 54	$1,263.59	$2,587.60	$2,436.29	$3,943.16
55 to 59	$1,534.39	$3,142.75	$2,958.93	$4,789.41
60 to 64	$1,831.16	$3,751.14	$3,531.72	$5,716.84
65+	$1,905.07	$3,905.36	$3,676.76	$5,953.31

EE = Employee Only
ES = Employee + Spouse
EC = Employee + Child(ren)
EF = Employee + Family

MEDICAL MONTHLY RATES

HPN 3500

Age Band	EE	ES	EC	EF
< 25	$758.24	$1,551.66	$1,460.99	$2,363.97
25 to 29	$791.12	$1,619.07	$1,524.45	$2,466.73
30 to 34	$898.52	$1,839.24	$1,731.73	$2,802.35
35 to 39	$957.98	$1,961.11	$1,846.47	$2,988.14
40 to 44	$1,033.33	$2,115.59	$1,991.91	$3,223.62
45 to 49	$1,219.00	$2,496.22	$2,350.26	$3,803.86
50 to 54	$1,553.44	$3,181.83	$2,995.74	$4,848.99
55 to 59	$1,886.50	$3,864.59	$3,638.54	$5,889.78
60 to 64	$2,251.50	$4,612.85	$4,342.99	$7,030.41
65+	$2,342.99	$4,803.13	$4,521.97	$7,321.83

HPN HDHP

Age Band	EE	ES	EC	EF
< 25	$564.79	$1,155.08	$1,087.61	$1,759.43
25 to 29	$589.25	$1,205.23	$1,134.83	$1,835.87
30 to 34	$669.15	$1,369.02	$1,289.05	$2,085.56
35 to 39	$713.39	$1,459.70	$1,374.41	$2,223.79
40 to 44	$769.45	$1,574.63	$1,482.61	$2,398.99
45 to 49	$907.59	$1,857.81	$1,749.22	$2,830.67
50 to 54	$1,156.41	$2,367.89	$2,229.44	$3,608.24
55 to 59	$1,404.21	$2,875.86	$2,707.67	$4,382.57
60 to 64	$1,675.76	$3,432.54	$3,231.77	$5,231.17
65+	$1,743.16	$3,573.44	$3,364.27	$5,447.32

EE = Employee Only
ES = Employee + Spouse
EC = Employee + Child(ren)
EF = Employee + Family



MEDICAL PLANS

anthem.com
855.397.9267

Your POS plans are provided by Anthem and include coverage for both In-Network and Out-of-Network coverage. You will always have stronger benefits when visiting In-Network providers.

POS 1500	In-Network	Out-of-Network
Calendar Year Deductible (Single/Family)	$1,500 / $4,500	$1,500 / $4,500
Coinsurance	80%	50%
Annual Out Of Pocket Maximum Single/Family	$7,900 / $15,800	$23,700 / $47,400
Physician Office Visits		
Physician Copay	$40	50% After Deductible
Specialist Copay	$60	50% After Deductible
Referral For Specialist Required	No	No
Preventive Care	100% Covered	50% After Deductible
Prescription Drugs		
Deductible	Not Applicable	
Tier 1	$15	
Tier 2	$50	
Tier 3	$75	
Tier 4	25% Coinsurance to $350 Max	
Outpatient Services		
Outpatient Surgery	$350 copay + 20% after Deductible	50% After Deductible
Outpatient Services - Free Standing Surgical Center	$150 Copay + 20% Coinsurance	50% After Deductible
Urgent Care	$75 Copay	50% After Deductible
Hospital		
Inpatient Facility Services	$500 copay per admission + 20% After Deductible	50% After Deductible
Inpatient Physician Services	20% After Deductible	50% After Deductible
Emergency Room (Copay Waived If Admitted)	$500 Copay + 20% Coinsurance	$500 Copay + 20% Coinsurance

Please note: Your plan offers out-of-network benefits; however, benefits are reduced when care is provided out-of-network. The chart above is a brief summary of your medical benefits and does not include all the details about benefit plan features and rules. For details and the terms of your medical and pharmacy plan benefits, refer to your Certificate of Insurance. If there are any inconsistencies between this document and the official Plan document and certificates of insurance, the Plan documents or certificates of insurance will prevail.

POS 3500	In-Network	Out-of-Network
Calendar Year Deductible (Single/Family)	$3,500 / $10,500	$9,000 / $27,000
Coinsurance	70%	50%
Annual Out Of Pocket Maximum Single/Family	$9,450 / $18,900	$23,700 / $47,400
Physician Office Visits		
Physician Copay	$50	50% After Deductible
Specialist Copay	$80	50% After Deductible
Referral For Specialist Required	No	No
Preventive Care	100% Covered	50% After Deductible
Prescription Drugs	Preferred Network	In/Out-of-Network
Deductible	$600 Individual / $1,200 Family (T2-T4)	
Tier 1	$20 Copay / $40 Copay	$30 Copay / $50 Copay
Tier 2	$75 Copay After Rx Deductible	$85 Copay After Rx Deductible
Tier 3	$100 Copay After Rx Deductible	$110 Copay After Rx Deductible
Tier 4	25% Coinsurance After Rx Deductible up to a $450 Max	35% Coinsurance After Rx Deductible up to a $550 Max
Outpatient Services		
Outpatient Surgery	$500 copay + 30% After Deductible	50% After Deductible
Outpatient Services - Free Standing Surgical Center	$200 Copay + 30% Coinsurance	50% After Deductible
Urgent Care	$100 Copay	50% After Deductible
Hospital		
Inpatient Facility Services	$1,000 Copay per Admission + 30% After Deductible	50% After Deductible
Inpatient Physician Services	30% After Deductible	50% After Deductible
Emergency Room (Copay Waived If Admitted)	$750 Copay + 30% Coinsurance	$750 Copay + 30% Coinsurance

Please note: Your plan offers out-of-network benefits; however, benefits are reduced when care is provided out-of-network. The chart above is a brief summary of your medical benefits and does not include all the details about benefit plan features and rules. For details and the terms of your medical and pharmacy plan benefits, refer to your Certificate of Insurance. If there are any inconsistencies between this document and the official Plan document and certificates of insurance, the Plan documents or certificates of insurance will prevail.

POS HDHP
(HSA COMPATIBLE)

	In-Network	Out-of-Network
Calendar Year Deductible (Single/Family)	$5,000 / $10,000	$15,000 / $30,000
Coinsurance	70%	50%
Annual Out Of Pocket Maximum Single/Family	$8,700 / $17,400	$21,150 / $42,300
Physician Office Visits		
Physician Copay	$50 After Deductible	50% After Deductible
Specialist Copay	$80 After Deductible	50% After Deductible
Referral for Specialist Required	No	No
Preventive Care	100% Covered	50% After Deductible
Prescription Drugs	Preferred Network	In/Out-of-Network
Deductible	Subject Medical Deductible	
Tier 1	$40 Copay After Deductible	$50 Copay After Deductible
Tier 2	$75 Copay After Deductible	$85 Copay After Deductible
Tier 3	$100 Copay After Deductible	$110 Copay After Deductible
Tier 4	35% After Deductible up to $450 Max	45% After Deductible up to $550 Max
Outpatient Services		
Outpatient Surgery	30% After Deductible	50% After Deductible
Urgent Care	$100 After Deductible	50% After Deductible
Hospital		
Inpatient Facility Services	30% After Deductible	50% After Deductible
Inpatient Physician Services	30% After Deductible	50% After Deductible
Emergency Room	30% After Deductible	30% After Deductible

Please note: The chart above is a brief summary of your medical benefits and does not include all the details about benefit plan features and rules. For details and the terms of your medical and pharmacy plan benefits, refer to your Certificate of Insurance. If there are any inconsistencies between this document and the official Plan document and certificates of insurance, the Plan documents or certificates of insurance will prevail.



BLUE HIGH PERFORMANCE NETWORK

The Blue High Performance Network (BlueHPN) is a network of top doctors, hospitals, and specialists carefully curated in each local market. In-network coverage is only available in certain areas nationwide. You will be responsible for the full cost of an out-of-network doctor visit. Out-of-network coverage is not available with this plan. Only urgent care and emergency care will be covered. Visit **blueHPNquiz.anthem.com** to find out if the HPN plans are right for you.

HPN 3500 HIGH PERFORMANCE NETWORK	In-Network	
Calendar Year Deductible (Single/Family)	$3,500 / $10,500	
Coinsurance	70%	
Annual Out Of Pocket Maximum Single/Family	$9,450 / $18,900	
Physician Office Visits		
Physician Copay	$50	
Specialist Copay	$80	
Referral For Specialist Required	No	
Preventive Care	100% Covered	
Prescription Drugs	Preferred Network	In-Network
Deductible	$600 Individual / $1,200 Family (T2-T4)	
Tier 1	$20 Copay / $40 Copay	$30 Copay / $50 Copay
Tier 2	$75 Copay After Rx Deductible	$85 Copay After Rx Deductible
Tier 3	$100 Copay After Rx Deductible	$110 Copay After Rx Deductible
Tier 4	25% Coinsurance After Rx Deductible up to a $450 Max	35% Coinsurance After Rx Deductible up to a $550 Max
Outpatient Services		
Outpatient Surgery	$500 copay + 30% After Deductible	
Outpatient Services - Free Standing Surgical Center	$200 Copay + 30% Coinsurance	
Urgent Care	$100 Copay	
Hospital		
Inpatient Facility Services	$1,000 Copay per Admission + 30% After Deductible	
Inpatient Physician Services	30% After Deductible	
Emergency Room (Copay Waived If Admitted)	$750 Copay + 30% Coinsurance	

Please note: The chart above is a brief summary of your medical benefits and does not include all the details about benefit plan features and rules. For details and the terms of your medical and pharmacy plan benefits, refer to your Certificate of Insurance. If there are any inconsistencies between this document and the official Plan document and certificates of insurance, the Plan documents or certificates of insurance will prevail.

HPN HDHP (HSA COMPATIBLE)
HIGH PERFORMANCE NETWORK

	In-Network	
Calendar Year Deductible (Single/Family)	$5,000 / $10,000	
Coinsurance	70%	
Annual Out Of Pocket Maximum Single/Family	$8,700 / $17,400	
Physician Office Visits		
Physician Copay	$50 After Deductible	
Specialist Copay	$80 After Deductible	
Referral for Specialist Required	No	
Preventive Care	100% Covered	
Prescription Drugs	**Preferred Network**	**In-Network**
Deductible	Subject Medical Deductible	
Tier 1	$40 Copay After Deductible	$50 Copay After Deductible
Tier 2	$75 Copay After Deductible	$85 Copay After Deductible
Tier 3	$100 Copay After Deductible	$110 Copay After Deductible
Tier 4	35% After Deductible up to $450 Max	45% After Deductible up to a $550 Max
Outpatient Services		
Outpatient Surgery	30% After Deductible	
Urgent Care	$100 After Deductible	
Hospital		
Inpatient Facility Services	30% After Deductible	
Inpatient Physician Services	30% After Deductible	
Emergency Room	30% After Deductible	

Please note: The chart above is a brief summary of your medical benefits and does not include all the details about benefit plan features and rules. For details and the terms of your medical and pharmacy plan benefits, refer to your Certificate of Insurance. If there are any inconsistencies between this document and the official Plan document and certificates of insurance, the Plan documents or certificates of insurance will prevail.

Anthem

High-quality care at a great value

Learn more about the Blue High Performance Network

When you join the Blue High Performance Network℠ (BlueHPN℠) plan, you can be confident you've chosen a plan that offers access to excellent care through its curated network of care providers. Every doctor, hospital, and specialist in the network is held to strict quality standards, so they're dedicated to improving your experience as a patient and helping you manage costs.

Benefits of the BlueHPN

- Access to a carefully vetted national network of doctors, hospitals, and specialists
- Covered urgent and emergency care everywhere, even outside the country
- High-quality care at a great value, since every doctor in the BlueHPN is committed to fair pricing

The BlueHPN may be right for you if:

- You're comfortable only seeing care providers in the plan's network since there is no out-of-network coverage.
- You live or travel mostly within the 60+ U.S. cities included in the BlueHPN.



Find out if the BlueHPN is available in your area

Go to **blueHPNquiz.anthem.com** to take the quick evaluation quiz.

You can also find out if your current doctors are in the network or search for new doctors by name, specialty, or location. Be sure to take note of their network effective date, if it applies.

Remember, while some doctors may practice at multiple locations, all their locations may not be in the BlueHPN. You'll need to check before an appointment to make sure that your doctor and location are in your plan's network.

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. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, 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. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT 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 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc., and Anthem HealthChoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP. LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their 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 in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Blue High Performance Network℠

Frequently asked questions

Q. What is the Blue High Performance Network?

A. The Blue High Performance Network (BlueHPN) is a network of top doctors, hospitals, and specialists carefully curated in each local market. They are committed to providing you with consistent high-quality care. The BlueHPN is available across the country, including the 10 largest cities in the United States.

Q. How do I know if the Blue HPN is available in my area?

A. Take the BlueHPN quiz to determine if the BlueHPN is available in the areas where you live or travel.

Q. What's the difference between the BlueCard® PPO and BlueHPN networks?

A.	BlueCard PPO	BlueHPN
Coverage	You can visit in-network doctors and hospitals across the country. Out-of-network coverage available.	In-network coverage is only available in certain areas. You will be responsible for the full cost of an out-of-network doctor visit. Only urgent and emergency care will be covered.
Network size	The BlueCard PPO is a broad and non-restrictive network.	The BlueHPN is a smaller, exclusive network where every care provider must meet strict quality standards.
Cost	Higher healthcare costs	Lower healthcare costs

Anthem

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Q. How do I know which doctors and hospitals are part of the BlueHPN?

A. Search for BlueHPN providers in your community and nationwide online. If you already have an Anthem plan, you can use the Sydney℠ Health app or go to **anthem.com** to find BlueHPN doctors anytime. If a doctor works from multiple locations, make sure the specific office you plan to see them at is also in the BlueHPN. Watch this video on the BlueHPN for more details.

Q. Will care providers be added to the BlueHPN after my plan's effective date?

A. Certain providers have chosen to renew with us at different dates. You can check a provider's BlueHPN effective date online with the Find Care & Cost feature.

Q. I have family members covered under my plan who don't live in one of the areas served by the BlueHPN. Is the BlueHPN a good choice for me?

A. Outside the areas where the BlueHPN is offered, coverage is limited to urgent and emergency care only. If your family members need care from a regular doctor or specialist, the BlueHPN may not be your best option. We recommend taking the BlueHPN quiz to help determine if this coverage option would be a good fit for your family.

Q. I rarely need medical care while traveling, and neither do my family members. Is the BlueHPN a good choice for me?

A. If you live in an area served by the BlueHPN, it may be a good option even if you don't usually need care while traveling. You and your family will have access to a variety of high-quality doctors, specialists, and hospitals right where you live, at a more affordable cost. Plus, if you do travel, you will always have urgent and emergency care coverage even in areas where the BlueHPN is not available.

Q. Will I have less choice when it comes to doctors and hospitals?

A. The BlueHPN offers a carefully selected network that includes doctors, specialists, and hospitals who are committed to providing high-quality care, while lowering how much you pay for healthcare. There may be fewer options available, but that's because we've already done the research and created an exclusive network where each care provider meets strict quality standards.

Q. Will the BlueHPN affect my pharmacy benefits?

A. The BlueHPN has no effect on your pharmacy benefits. You will have access to the pharmacy network selected by your employer.

Q. I'm happy with my current doctor, but they aren't in the BlueHPN. Why should I switch?

A. Doctors and hospitals in the BlueHPN have been carefully selected because of their reputation for providing high-quality care. Plus, their performance is regularly evaluated.

Q. How can I find out if my current care team is in the BlueHPN?

A. Use Anthem's Find Care & Cost feature to see if your current care team is in the BlueHPN. If your provider has multiple locations, be sure to check if your preferred office is also in the network.

Q. Do I need a referral to see a specialist with the BlueHPN?

A. No. You do not need a referral as long as you see a specialist who is a BlueHPN provider at a location that's in the network.

Q. Previously, doctors in my plan's network were in two tiers with various cost shares, with Tier 1 doctors being preferred with a lower cost share. Does the BlueHPN have similar tiers in place?

A. No, the BlueHPN is a single tiered network where you receive the best benefit when you see a healthcare professional in the BlueHPN.

Q. How are the doctors and hospitals in the BlueHPN selected?

A. It's important to us that BlueHPN doctors and hospitals are committed to improving health outcomes and affordability. They're chosen based on nationally recognized quality measures, extensive research, and Anthem's knowledge of local areas. Finding provider partners who share our commitment to improving your experience as a patient is a priority.

Q. What happens if I need care while vacationing in an area with no BlueHPN providers?

A. Office visits and services provided by a doctor or specialist outside the BlueHPN will not be covered. You will be responsible for 100% of the cost for those visits. However, the BlueHPN does cover emergency and urgent care, no matter where you are. If you're experiencing a medical emergency, please seek care immediately.

Q. How do I find BlueHPN providers while traveling?

A. Use Anthem's Find Care & Cost feature or on our mobile app to determine if the BlueHPN is available where you are or the cities you plan to travel to often. Watch this video to learn how to search for BlueHPN providers while traveling.

Q. What is emergency care?[1]

A. An emergency is any condition considered life-threatening. Whether physical or mental, if a condition is endangering your life, you need to seek emergency care. Emergency medical conditions may include heart attack, stroke, difficulty breathing, suicidal or homicidal feelings, uncontrollable bleeding, or loss of consciousness.

Q. What is urgent care?[2]

A. Urgent care is outpatient care for an illness or injury that is not immediately life threatening. Urgent care conditions are not considered emergencies, but they do require professional attention to prevent them from worsening. These conditions may include nausea, fever, pneumonia, rash, and vomiting.

Q. Can I go to any urgent care facility?

A. Yes, but if you visit an urgent care center in the BlueHPN, you may pay less out of pocket.

Q. What will happen if I go to a doctor outside the network?

A. If you see a doctor outside the BlueHPN for routine or nonurgent care, you will be responsible for the full cost. If you are traveling to an area not served by the BlueHPN, you will only have urgent and emergency care coverage. This video has more details on out-of-network coverage.

Q. Do I have coverage when I travel internationally?

A. Outside the United States, the BlueHPN only covers emergency and urgent care.



High-quality healthcare is not out of reach. Consider the BlueHPN when deciding what will work best for you and your family.

1 Mount Sinai website: *What is Urgent Care and When Should You Use It?* (accessed September 2023): mountsinai.org.
2 American Academy of Urgent Care Medicine website: *What is Urgent Care Medicine?* (accessed September 2023): aaucm.org.

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 Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, 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. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT 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 17 southeastern counties of New York: Anthem Healthchoice Assurance, Inc., and Anthem Healthchoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the tradename of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their 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 in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

HOW TO BE A SMART CONSUMER

Pharmacy-Carelon Rx

Formulary Navigator

- Find an in-network pharmacy or use the drug cost estimator tool by visiting **anthem.com**.
- Discount sites like GoodRx and WellRx can help you instantly save (please note: prescriptions acquired under these plans do not go through your insurance).
- Ask if a generic/mail order is available.
- See if your drug has a Patient Assistance Program.

Member Services

855.397.9267

Find Care

- Choose appropriate medical care.
- Find a doctor or hospital.
- Understand treatment options.
- Achieve a healthier lifestyle.
- Answer claim questions.

Cost Estimator

Different doctors and hospitals may charge different amounts for the same service. **Anthem.com** can help you compare costs based on your own benefits.

Sydney Mobile App

The Sydney Health mobile app lets you easily access your healthcare information and gives you tools to help estimate costs, manage claims and find providers — anytime and anywhere. It's built to be your go-to healthcare resource when you're on the go.

GET IT ON Google Play

Available on the App Store

Telemedicine

Anthem provides access to telemedicine through **Sydney Health**.

The program lets you get the care you need — including most prescriptions — for a wide range of minor acute conditions. Now you have access to these board-certified doctors via secure video chat or phone, without leaving your home or office when, where and how it works best for you.

Sydney Health

anthem.com



HEALTH SAVINGS ACCOUNT (HSA)

Available to participants in the POS HDHP and HPN HDHP plans.

A Health Savings Account (HSA) is a tax-advantaged savings account that can be used for your current qualified healthcare expenses or saved for future expenses.

Did you know an HSA provides tax saving benefits? The money you contribute whether pre-tax or post-tax may reduce your annual income tax liability. The interest that accumulates in the account is tax-free. In addition, money withdrawn from an HSA isn't taxed, provided you use it for qualified healthcare expenses. Like a savings account, you will only be able to withdraw funds that are in the account.

OTHER HSA ADVANTAGES		
You can use the account to pay for qualified healthcare expenses.	Unspent dollars roll over each year and are yours to keep if you retire or leave the company.	You can invest your HSA funds, so your available healthcare dollars can grow over time.

You are eligible if:

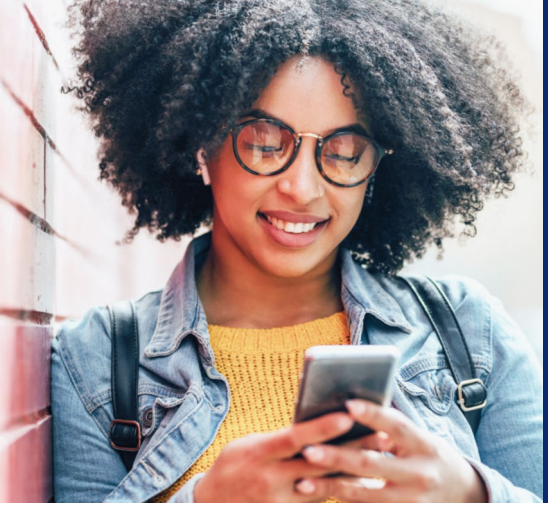
You are enrolled in the HDHP medical plan	You are not covered by a spouse's plan	No one else can claim you as a dependent	You are not enrolled in Medicare, TRICARE or TRICARE for Life	You have not received VA benefits in the past 3 months

Setting Up an HSA

You may set up an HSA account with the bank of your choice. Talk to your bank advisor for details. Also, please check with your tax advisor and discuss how setting up an HSA may affect your annual tax liability.

How Much Can Be Deposited into an HSA in 2027?

<55*	Up to $4,500 for individual Up to $9,000 for family *Not enrolled in Medicare	The maximum contribution increases by $1,000 *Not enrolled in Medicare	**55+***



Anthem

The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use Sydney℠ Health to keep track of your health and benefits — all in one place. With a few taps, you can quickly access your plan details, Member Services, virtual care, and wellness resources. Sydney Health stays one step ahead — moving your health forward by building a world of wellness around you.

Find Care

Search for doctors, hospitals, and other healthcare professionals in your plan's network and compare costs. You can filter providers by what is most important to you, such as gender, languages spoken, or location. You'll be matched with the best results based on your personal needs.

My Health Dashboard

Use My Health Dashboard to find news on health topics that interest you, health and wellness tips, and personalized action plans that can help you reach your goals. It also offers a customized experience just for you, such as syncing your fitness tracker and scanning and tracking your meals.

Chat

If you have questions about your benefits or need information, Sydney Health can help you quickly find what you're looking for and connect you to an Anthem representative.

Virtual Care

Connect directly to care from the convenience of home. Assess your symptoms quickly using the Symptom Checker or talk to a doctor via chat or video session.

Community Resources

This resource center helps you connect with organizations offering no-cost and reduced-cost programs to help with challenges such as food, transportation, and child care.

My Health Records

See a full picture of your family's health in one secure place. Use a single profile to view, download, and share information such as health histories and electronic medical records directly from your smartphone or computer.

¿Prefieres obtener información en español?

Tienes opciones. Si tu teléfono móvil ya está configurado en español, la aplicación Sydney Health también estará en español. Si no es así, selecciona el **menú** dentro de la aplicación Sydney Health y elige **el idioma de la aplicación**. También puedes visitar **anthem.com/es**.

Download the Sydney Health app today

Use the app anytime to:

- Find care and compare costs.
- See what's covered and check claims.
- View and use digital ID cards.
- Check your plan progress.
- Fill prescriptions.

Scan the QR code to download the Sydney Health app.

You can also set up an account at anthem.com/register to access most of the same features from your computer.

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. ©2024 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

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Access virtual care and support

through our Sydney Health mobile app

When you aren't feeling your best—physically, mentally, or emotionally—or you need guidance managing a health condition, help is available. You can connect to the care you need using our **Sydney℠ Health** mobile app. You can have a video visit with a doctor 24/7 for common health issues and annual wellness visits. Care for mental and emotional health is available by appointment.[1] Plus, the Sydney Health app is your avenue to specialized programs designed to help you improve your habits and your health.

Visit with a doctor for common medical concerns

Doctors are available anytime, with no long wait times and no appointments needed. They can help you with health issues, such as a cold or the flu, allergies, sore throat, migraines, or skin rashes. During your private and secure video visit, the doctor will assess your condition, provide a treatment plan, and send prescriptions to the pharmacy of your choice, if needed.[3]

Receive care for your behavioral health

If you're feeling anxious or depressed, or having trouble coping, you can set up a video visit with a therapist, psychologist, or psychiatrist.[4] Appointments can be scheduled within one to two weeks.[1] Psychiatrists help manage medications; they do not provide counseling or talk therapy.[5]

What people say about virtual care visits[2]

92% were able to book a virtual visit sooner than an in-person visit

89% said the doctor they saw was professional and helpful

92% thought the doctor understood their concerns

How to download our Sydney Health app:

Download on the App Store

GET IT ON Google Play

sydney℠



Use Sydney Health app to:

Connect with a dermatologist

When you have a skin issue and need care quickly, use **anthem.com** to receive virtual care from a dermatologist 24 hours a day, seven days a week. No appointment needed. Visit with a dermatologist for common skin conditions, such as acne, psoriasis, rosacea, athlete's foot, hair loss, or suspicious moles.

Connect with a physical therapist

If you have back or joint pain, a therapist will meet with you online and design an educational program and exercise plan just for you. You'll receive a specialized tablet and motion sensors to guide you through your exercises and provide you with real-time feedback to help you manage your health.

Help you during and after pregnancy

Now you can connect more easily to the maternal care you need. The Building Healthy Families program and breastfeeding support is available through video visits on our app. Doctors are available anytime — no appointment needed. For breastfeeding assistance, you can schedule secure online visits with a lactation consultant, counselor, or registered dietitian.

Here's how to access the program through virtual care:

Download our Sydney Health app or visit anthem.com.

1. Register (if you haven't yet) and log in.
2. Once you register, your username and password are the same for our app and **anthem.com.**
3. Select **Care** and then select **Virtual Care**.

1 Appointments subject to availability.
2 Based on [app name] utilization trends from top national clients.
3 The doctor will determine what medications should be prescribed or refilled.
4 Online counseling is not appropriate for all kinds of problems. If you are in crisis or having suicidal thoughts, it's important that you seek help immediately. Please text, chat, or call 988 (Suicide and Crisis Lifeline), or 911 for help. If your issue is an emergency, call 911 or go to your nearest emergency room. Emergency services are not provided through virtual care on the Sydney Health app or anthem.com.
5 Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed through virtual care on the Sydney Health app or anthem.com.

LiveHealth Online is offered through an arrangement with Amwell, a separate company, providing telehealth services on behalf of 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.

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.

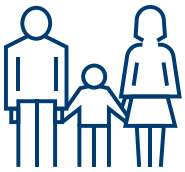
Carelon Health, Inc. is a separate company providing care management services on behalf of Anthem Blue Cross and Blue Shield.

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ADDITIONAL BENEFITS

Our medical plans provide great coverage for you and your family's healthcare needs. Still, everyone's needs are slightly different. By participating in the Georgia Dental Association Health Plan, the primary insured will receive a Basic Life benefit and have the option to purchase voluntary Vision coverage for you and your family.





LIFE AND VISION INSURANCE

Life Insurance with United Healthcare

myuhc.com
800.873.9573

We provide Basic Term Life insurance up to age 65 for the primary insured member at no cost to you!

Insurance Coverage	Benefit
Basic Term Life	$10,000

Vision with Anthem

anthem.com
855.397.9267

Our voluntary vision care benefits include coverage for eye exams, lenses and frames, contact lenses, and discounts for laser surgery. When you need services, consider using an in-network provider for the most bang for your buck! When you use an out-of-network provider, you will be reimbursed for services according to the grid below. To locate an in-network provider, visit **anthem.com**.

	In-Network	Out-of-Network
Examination (Every 12 Months)	$10 Copay	Up to $48 reimbursement
Lenses (Every 12 Months)		
Single	$20 Copay	Up to $36 reimbursement
Bifocal	$20 Copay	Up to $54 reimbursement
Trifocal	$20 Copay	Up to $69 reimbursement
Frames (Every 12 Months)		
New Frames	$130 allowance, then 20% off any remaining balance	Up to $64 reimbursement
Contact Lenses (Every 12 Months)		
Elective	$130 allowance	Up to $105 reimbursement
Medically Necessary	Covered in full	Up to $210 reimbursement

Optional Vision Coverage Rates	
Employee	$5.80
Employee + Spouse	$10.15
Employee + Child(ren)	$11.02
Family	$16.82

Anthem

Blue View Vision



Benefits that focus on your eye care

Many of us put our vision to the test every day with reading, driving, and spending time on a computer or phone. That's why we want to make it easier for you to take care of your eyes — and help catch health issues earlier.

Working together for your total health

Eye doctors are often the first to find signs of chronic health conditions, such as diabetes, high blood pressure, and high cholesterol[1] — all through an eye exam. So, if they notice any signs of one of these conditions during your eye checkup, they can share that information with your primary care doctor to get a better picture of your overall health.

Accessible care on your terms

Blue View Vision gives you options to receive care when and where you need it with one of the nation's largest vision networks.

- **More doctors and locations.** With over 42,000 eye doctors and other eye care providers at more than 30,000 locations[2] in your plan's network, you're sure to find care that's close to home or work.
- **Convenience and flexibility.** Visit an independent eye doctor or choose from a variety of popular regional and national retail and online stores included in our standard network. Many of these stores have evening and weekend hours to work with most schedules.

Eyewear to fit your style

Access eye care and buy eyewear at a price that works with your budget. Keep in mind you'll receive discounts[3] when you go to an independent eye doctor or optical retail store that's in your plan's network. You can also include the following options at no additional cost:

- Factory scratch coating on standard/basic eyeglass lenses.
- Polycarbonate and Transitions® lenses for covered dependents under age 19.

INDEPENDENT PROVIDER NETWORK + LensCrafters® PEARLE VISION EST. 1961 OPTICAL℠

GLASSES.COM™ contactsdirect 1800contacts® Ray-Ban befitting

Other plan benefits:

- Negotiated savings on other popular lens options and treatments.
- High-quality progressive lenses and antireflective coatings at different price levels.
- Access to translation support and vision resources when traveling abroad.
- 15-20% off the balance of the cost over your benefit allowance for contact lenses or eyeglass frames.
- 20% off other upgrades, accessories, and nonprescription sunglasses.
- 40% off extra pairs of glasses anytime, from any provider in your plan's network.
- Up to 30% savings on prescription eye drops for myopia (low dose Atropine) and dry eyes (Total Tears) filled through ImprimisRx home delivery.



Search for an eye doctor

To find eyecare professionals in your plan's network near you, use Find Care on the Sydney℠ Health mobile app or **anthem.com**.



We're here to help

If you have questions, log in to the Sydney Health app or **anthem.com** or call us at the Member Services number on your ID card.

1 American Academy of Ophthalmology – EyeSmart: 20 Surprising Health Problems an Eye Exam Can Catch (accessed June 2023): aao.org.
2 Zelis Network360 data, January 2023.
3 Discounts don't apply to frames for which a manufacturer has imposed a no-discount policy.

What you've read here is a brief outline of the products and services included in our standard full service vision plan that provides coverage for exams and prescription eyewear. It is not a legal contract. Your plan benefits may vary from this. To get the details of your specific benefits, exclusions, and restrictions, please see your plan documents.

Transitions is a registered trademark of Transitions Optical, Inc. Photochromic performance is influenced by temperature, UV exposure, and lens material.

Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the 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

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SUPPLEMENTAL HEALTH BENEFITS

Our medical plans offer excellent coverage for healthcare needs. However, everyone's needs differ, and that's where supplemental health options come into play. These benefits are designed to protect your family's finances in case of an unforeseen injury or illness. These benefits are offered to you through Anthem. Please visit **anthem.com** for additional details.

anthem.com
833.959.1551

Accident Insurance

After a covered accident, accident plans pay cash benefits directly to you to cover some of the remaining costs your health insurance plan may not cover.

Benefit Schedule	
Emergency Services Benefits	$100-$500
Accident Follow Up Care Benefits	$25-$200
Specified Injury & Services Benefits	$50-$750
Dislocations Schedule	$160-$1,900
Fractures Schedule	$200-$2,000
Catastrophic Injury Benefits	Up to $5,000
Hospital Confinement Benefits	Admission: $500; Daily: $100
ICU Confinement Benefits	Admission: $1,000; Daily: $200
AD&D Benefits	Up to $50,000; $150,000 Common Carrier
Organized Sports Injury Benefit - for covered injuries while participating in organized sports	10%; up to $10,000

Monthly Rates	
Employee	$5.43
Employee + Spouse	$8.49
Employee + Child(ren)	$8.87
Family	$14.00

Critical Illness Insurance

Critical illness insurance helps protect your income and personal assets when out-of-pocket expenses increase due to a specified illness. This plan covers conditions such as heart attack, stroke, end-stage renal failure, and invasive cancer.

Coverage Amount	
Employee	$10,000
Spouse	$5,000
Child(ren)	$5,000

Benefit Schedule	
Cancer Benefits	
Invasive Cancer	100% of Coverage Amount
Treatment Free Period	12 months
Non-Invasive Cancer	25% of Coverage Amount
Benign Brain Tumor	100% of Coverage Amount
Vascular Benefits	
Heart Failure	100% of Coverage Amount
Heart Attack (Myocardial Infarction)	100% of Coverage Amount
Stroke	100% of Coverage Amount
Coronary Artery Disease	25% of Coverage Amount
Other Specified Illness Benefits	
Coma	100% of Coverage Amount
Paralysis	100% of Coverage Amount
Major Organ Failure	100% of Coverage Amount
End Stage Renal Disease	100% of Coverage Amount
Loss of Hearing	100% of Coverage Amount
Loss of Speech	100% of Coverage Amount
Loss of Vision	100% of Coverage Amount
Infectious Disease (5 Days)	10% of Coverage Amount

Monthly Rates				
Age Band	EE	ES	EC	EF
18-24	$3.64	$5.93	$5.44	$8.01
25-29	$4.44	$7.12	$6.23	$9.21
30-34	$4.89	$7.83	$6.69	$9.92
35-39	$6.13	$9.68	$7.93	$11.76
40-44	$8.46	$13.30	$10.25	$15.39
45-49	$13.06	$20.52	$14.85	$22.60
50-54	$17.86	$28.10	$19.66	$30.18
55-59	$24.04	$37.91	$25.83	$40.00
60-64	$33.72	$53.17	$35.51	$55.26
65-69	$47.29	$74.09	$49.08	$76.18
70-74	$63.56	$99.29	$65.36	$101.38
75-79	$83.74	$130.38	$85.54	$132.47
80-84	$98.00	$152.21	$99.79	$154.30

Hospital Indemnity Insurance

Hospital stays can be expensive, even with insurance. Hospital Indemnity plans are designed to provide financial protection by paying you a direct benefit to cover out-of-pocket expenses and extra bills that can occur. Lump sum benefits are paid directly to you based on the facility type and number of confinement days.

Benefit Schedule	
Hospital Confinement - First Day Benefit	$500
First Day Hospital Confinement - Annual Max	1 day
Hospital Confinement - Daily Benefit	$100
Daily Hospital Confinement - Annual Max	31 days
Intensive Care Unit Confinement - Daily Benefit	$200
Daily Intensive Care Unit Confinement - Annual Max	31 days

Hospital Indemnity Insurance - Monthly Rates	
Employee	$10.31
Employee + Spouse	$21.38
Employee + Child(ren)	$15.61
Family	$27.35

Your Employee Assistance Program

Large Group - Georgia

Your Employee Assistance Program (EAP) is here to help you and your household through difficult times. The following resources are private, confidential, and available to you 24/7 at no extra cost.[1]

Counseling and mental health

- Get 3 free visits for in-person or virtual counseling per person in your household, per issue each year.[2]

Work-life resources

- Find information on career, parenting, and balancing work and family.
- Find high-quality child, elder, and pet care.
- Receive special discounts on a range of products and services, including food, travel, and clothing.

Identity theft support

- Register to get help with identity monitoring and theft resolution to minimize or recover from the effects of identity theft.

Self-improvement resources

- Log in to take self-assessments, access the Guidance to Care tool, and get a list of EAP resources specific to your needs.

Legal and financial resources

- Book a no-cost consultation and receive a discounted rate from participating local attorneys on continued legal services.[3]
- Explore an online library of legal resources, forms, and essential documents.
- Have unlimited phone consults with a financial professional and access online financial calculators and budgeting tools.

24/7 crisis support

- Get in-the-moment support when experiencing a personal crisis.
- Find help with navigating resources and getting support if you're impacted by a tragedy or natural disaster.

Get the help you need, 24/7

- Visit **anthemeap.com/anthem-georgia.** You can also scan this QR code with your phone's camera.
- Call your EAP at **800-999-7222** for help with questions.

Anthem

1 In accordance with federal and state law, and professional ethical standards.

2 Appointments are subject to availability of a therapist. Online counseling is not appropriate for all kinds of problems. If you are in a crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 988 (National Suicide Prevention Lifeline) and ask for help. If your issue is an emergency, call 911 or go to the nearest emergency room.

3 Excludes business, benefits, or employment issues. The free half-hour consultations apply per legal issue, per year. You are eligible for a new consultation for each new issue yearly.

This document is for general information purposes. Check with your employer for specific information on services available to you.

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.

EAP products are offered by Anthem Insurance Companies, Inc.

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. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. and Community Care Health Plan of Georgia, 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. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT 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 17 southeastern counties of New York: Anthem HealthChoice Assurance, Inc., and Anthem HealthChoice HMO, Inc. In these same counties Anthem Blue Cross and Blue Shield HP is the trade name of Anthem HP, LLC. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield, and its affiliate HealthKeepers, Inc. trades as Anthem HealthKeepers providing HMO coverage, and their 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 in POS policies offered by Compcare Health Services Insurance Corporation (Compcare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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Wellbeing Solutions



Focus on your well-being and earn rewards up to $700

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.

Activity Type	Activities	Amount
Preventive care	Have an annual preventive wellness exam or well-woman exam with your doctor	$35
	Get an annual cholesterol test men 35 years and older, women 40 years and older, or upon medical recommendation, with a full cholesterol (lipid) panel.	$30
	Have a colorectal cancer screening (ages 45 and older, or upon medical recommendation)	$35
	Have a routine mammogram (women ages 40 to 74, or upon medical recommendation)	$35
	Get an annual flu shot	$25
	Have an A1c lab test	$30
	Have an annual eye exam[1]	$35

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Activity type	Activities	Amount
Condition management programs	ConditionCare: Work one on one with your health coach and earn rewards for participating in and completing the program[2]	$225 ($90 participation and $135 for completion)
	Building Healthy Families: Support is available through the Sydney℠ Health app wherever you are in your family planning process, such as trying to conceive or raising your toddler[3]	$125 ($30, $35, $30, $30)
	Well-being Coach – Weight Management: Receive one-on-one coaching by phone as you complete your goal to earn a reward[4]	$60
	Well-being Coach – Tobacco Cessation: Receive one-on-one coaching by phone as you complete your goal to earn a reward[5]	$60
Digital and wellness activities	Complete a diabetic foot exam[6]	$35
	Have diabetic lab tests[6]	$60
	Log in to your Sydney Health App or Anthem.com account	Up to $60 ($15/quarter)
	Connect a fitness or lifestyle device	$5
	Complete a health assessment and receive tailored health recommendations	$50
	Complete action plans around eating healthy, weight management, and physical activity	Up to $100 ($20 per action)
	Log your daily nutrition / calories	Up to $60 ($15/quarter)
	Track your steps	Up to $120 ($4 per 50,000 steps tracked)
	Complete Well-being Coach digital daily check-ins[7]	Up to $20 ($4 per milestone)
	Update your contact information	$40
	Use any Employee Assistance Program (EAP) service[8]	$5
	Participate in the Emotional Wellbeing Resources Program	$5
	Select a Primary Care Physician (PCP) in Find Care within Sydney or Anthem.com	$40

Well-being Coach can help you meet your goals

The Well-being Coach digital coaching app from Lark 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, talk to a certified health coach.

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

Earn rewards

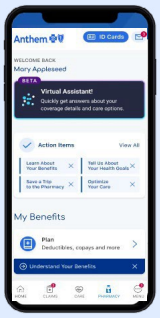
Here's how and when you'll earn rewards for completing the activities already mentioned.

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.

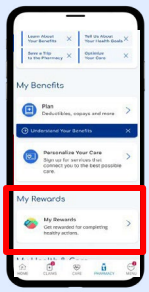
Condition management: Rewards are added to your account as you meet certain benchmarks or complete a program. Programs include ConditionCare (for asthma, diabetes, and heart or lung conditions), Building Healthy Families, and Well-being Coach for weight management and tobacco cessation.

Digital and wellness activities: Log in to the Sydney Health app or **anthem.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.

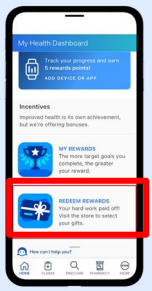
Use your rewards toward electronic gift cards for select retailers.



1 To view your rewards, open the Sydney Health home screen scroll down or go to **anthem.com**. go to *My Health Dashboard*. To see My Rewards and Redeem your rewards.



2 Scroll down on the home page and select **My Rewards** to see how much you've earned.



3 Select **Redeem Rewards** to apply your rewards toward electronic gift cards from popular retailers, including Amazon™, Uber®, Gap™ Options (all brands), Apple®, Target®, The Home Depot™, and TJ Maxx®. The minimum gift card amount is set by each individual retailer.

You have six months after your employer's current plan year ends to redeem reward dollars on electronic gift card(s) or the rewards will be forfeited.

Download the **Sydney Health** app by scanning this QR code with your phone's camera.



Do you have questions?

You can also call Member Services at the number on your ID card.

1 Annual eye exam reward is available if employer provides vision coverage through Anthem.
2 Adult 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 $75 for program participation and $100 for program completion.
3 Building Healthy Families milestone completion dates: BHF Pregnancy Screener must be completed in first trimester; at least 1 of 6 mini assessments must be completed by one day prior to delivery; postpartum assessment must be completed by 56 days after delivery. Building Healthy Families rewards include $30 for profile completion, $35 for a BHF Pregnancy Screener, $30 for completing at least 1 of 6 mini assessments, $30 for a postpartum assessment.
4 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.
5 Well-being Coach Tobacco Cessation program (telephonic) is available for members who are identified as high risk based on any tobacco usage.
6 Adult members must be diagnosed with diabetes to receive a reward for completing a diabetic foot exam and diabetic lab tests. Lab tests include LDL or Lipid test, Microalbumin and eGFR (estimated glomerular filtration rate) lab tests.
7 Members may earn rewards for completing quarterly Well-being Coach digital milestones while logging daily check-in activities on the app. Daily check-in reward values: first check-in: $5; next 15 check-ins during first quarter: $5; 25 check-ins during second through fourth quarters: $5 each quarter. Log in to Sydney Health or anthem.com to download the Well-being Coach digital app. Well-being Coach is provided by Lark Health.
8 Your employer must provide coverage for Anthem EAP to earn a reward for using EAP services.

We encourage you to actively participate in your rewards program. You have six months after your employer's current plan year ends, to redeem reward dollars on to electronic gift card(s) or the rewards will be forfeited. All preventive care activities are claims-based, which means your completion is determined when a claim is processed. Medical waivers apply to claim-based activities. A subscriber and spouse/domestic partner may earn rewards when eligible activities are completed and, in some instances, are verified by an Anthem claim.

The reward amount you receive may be considered income to you and subject to state and federal taxes in the tax year it is paid. You should consult a tax expert with any questions regarding tax obligations. Electronic gift card availability may vary. The list of retailers available for electronic gift card rewards redemption is subject to change. Log on to anthem.com or open the Sydney Health app to explore the electronic gift card options available to you.

Rewards for completed preventive care activities are issued under the medical plan that pays for the claim. Rewards for completed condition management activities are issued under the medical plan that pays for the condition management benefit. Digital and wellness activity rewards can be issued under multiple medical plans, if you have dual Anthem coverage

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

Anthem Blue Cross and Blue Shield is the trade name of Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. Independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

ANTHEM RESOURCES

Benefit	Description	Contact information
Sydney Health App	Anthem's Sydney Health App puts everything you need to know about your medical, pharmacy, and vision benefits in one place. It is available on both the App Store and Google Play. With Sydney Health you can: • Unlimited access to Master's-level counselors by phone 24/7. • Find in-network providers that match your needs • Check the cost of care • View claims • View and use your digital ID cards • Chat directly with a representative • Find health and wellness programs • Create a plan to help meet your health goals • Sync your fitness tracker (and earn points!)	Member Services: 855.397.9267 Website: **anthem.com**



Caring for you in all ways. Always.℠



Health Advocate is here to help you and your family with any health or well-being issues. You get access to experts who will do the work to ensure that you get the right information and assistance at the right time. We're here for you no matter what, to help with anything you need anytime you need it, in the language and communication channel you're most comfortable using.

Save time, money, and worry

- Understand your coverage for medical, dental and vision services; know your deductibles, and copays
- Get help resolving claims and billing issues, check that your out-of-pocket costs are correct

Expert healthcare support when you need it most

- Understand health conditions, diagnoses, and treatments; explore the latest treatment options
- Get connected to the right in-network doctors and specialists; get help with appointments and transferring records

Feel confident that your medical care and treatment is on track

- Get answers to your questions so you can make the right choices for your care
- Connect with leading specialists for second opinions; get support for pre-authorizations and transferring records

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- Learn all about your Health Advocate services and the many ways we can help you and your family

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HealthAdvocate℠

FREQUENTLY ASKED QUESTIONS

Answers to commonly asked questions about 2027 GDA Group Health Plans:

- **Who is GDA's group plan healthcare provider?**

Anthem.

- **What type of plans are being offered?**

There are three Point of Service plans and two High Performance Network plans. Point of Service plans have a broad provider network and in-network and out-of-network coverage. High Performance Network plans have a narrower network and NO out-of-network coverage. All plans are Open Access plans. This means a referral from your Primary Care Provider (PCP) is not required to visit a specialist.

- **Are any of the plans Health Savings Account compatible?**

Yes, our POS HDHP and HPN HDHP plans qualify for a Health Savings Account. If you sign up for a HDHP plan, you will then work with your financial institution to set up an HSA.

- **Are there any health questions?**

No! Your enrollment form includes no questions about your health history. You are not rated on your preexisting conditions or health as you could be on an individual plan.

- **Does the dentist have to be a member of the GDA?**

Yes, because our plans are group health plans, dentists are required to be a GDA member to participate and/or offer it to their staff.

- **Where can I check to see if my provider is in network?**

Visit our website at **mygdis.com** and click on the Find a Provider link. Choose the POS provider network or the HPN provider network. Update the location to your provider's city or zip code then search by doctor name or specialty. The plan code, which is KZZ, should already be filled in.

- **Is there a limit on the doctor visit copays per year?**

No, you may visit your doctor as many times as you need. Other plans could limit your visits to a certain number per year and then require you to pay your deductible and coinsurance for visits beyond that limit. On our plan, you are only responsible for your copay for doctor office visits.

- **Can dental practice employees enroll in the health insurance?**

Yes, as long as the dentist offers it to employees and the dentist is eligible by membership in the Georgia Dental Association. However, the dentist does not have to be enrolled in the plan to offer it to employees.

- **Does a GDA member have to enroll in the health insurance plan in order for the staff to participate?**

No, a GDA member dentist does not have to enroll but he does have to offer it in order for office employees to participate.

- **Is there a minimum number of staff that must enroll?**

No, there is no minimum participation requirement for employees. Even if only one office employee would like to participate, your office is eligible with GDA membership

- **Am I required to subsidize the premiums?**

As long as there are fewer than 50 employees, a dentist is not required to subsidize employee premiums.

- **Does a GDA member have to offer health plans to employees?**

No, members are not required to offer GDA group health plans to employees. However, we do encourage the office to offer it as there is no required expense for members to do so.

- **Can an employee call the GDA directly to ask questions?**

Yes, employees can call us at **404.636.7553**.

- **How do I enroll?**

Member dentists and employees should complete the enrollment form and fax to **404.634.6099** or e-mail it to **christy@gadental.org**.

- **What is the GDIS Group ID Billing Number on the enrollment form?**

This is our internal billing number for existing clients. If you are currently enrolled, you can find this on your monthly billing statement. If you are not enrolled, it will be assigned to you once your enrollment form is received.

- **How is billing handled?**

The GDA will email one bill to each billing group on or about the 27th of every month for the following month's premium(s); payment is due by the 5th of the month that is covered by the premium.

Yes, we can also bill the employee directly!

- **How is payment handled?**

Premium payments are required to be paid via a monthly recurring credit or debit card. Payments are processed around the 5th of each month.



GLOSSARY OF TERMS

COPAYMENT: A copayment (copay) is the fixed dollar amount you pay for certain in-network services on a POS type plan. In some cases, you may be responsible for coinsurance after a copay is made.

COINSURANCE: Your share of the costs of a healthcare service, usually figured as a percentage of the amount charged for services. You start paying coinsurance after you've met the deductible. Your plan pays a certain percentage of the total bill and you pay the remaining percentage.

DEDUCTIBLE: A deductible is the amount of money you must meet before your plan begins paying for services covered by coinsurance. Some services, such as office visits that require copays, do not apply to the deductible. For example, if your plan's deductible is $1,000, you'll pay 100 percent of eligible healthcare expenses until you have met the $1,000 deductible. After that, you share the cost with your plan by paying coinsurance.

FORMULARY: A list of prescription drugs covered by the plan. Also called a drug list.

IN-NETWORK: A group of doctors, clinics, hospitals and other healthcare providers that have an agreement with your medical plan provider. You pay a negotiated rate for services when you use in-network providers.

OUT-OF-NETWORK: Care received from a doctor, hospital or other provider that is not part of the plan agreement. You'll pay more when you use out-of-network providers since they don't have a negotiated rate with your plan provider. You may also be billed the difference between what the out-of-network provider charges for services and what the plan provider pays for those services.

OUT-OF-POCKET MAXIMUM: This is the most you must pay for covered services in a plan year. After you spend this amount on deductibles and coinsurance, your health plan pays 100 percent of the costs of covered benefits. However, you must pay for certain out-of-network charges above reasonable and customary amounts.

HIGH DEDUCTIBLE HEALTH PLAN (HDHP): This is a type of medical plan that requires the member to reach a deductible prior to having services covered by coinsurance. All expenses paid by the member count toward the deductible and out of pocket maximum.

CONTACTS

Medical Plan: Anthem

Member Services: 853.397.9267 | **anthem.com**

Prescription Services: Anthem

Member Services: 853.397.9267 | **anthem.com**

Vision Plan: Anthem

Member Services: 855.397.9267 | **anthem.com**

Life: UnitedHealthcare

Member Services: 800.873.9573 | **myuhc.com**

Supplemental Benefits: Anthem

Member Services: 833.959.1551 | **anthem.com**

Georgia Dental Association

Member Services: 404.636.7553

Email: **christy@gadental.org**

mygdis.com

GDIS Website:

Annual Notice Packet:

Support Line

Anthem Member Services
855.397.9267

GDIS Website
mygdis.com

NOTES

All changes must be made by November 20

The descriptions of the benefits are not guarantees of current or future employment or benefits. If there is any conflict between this guide and the official plan documents, the official documents will govern.