



2025 ENROLLMENT BENEFIT GUIDE NEW HAMPSHIRE EMPLOYEES



COMPLIMENTS OF CGI BUSINESS SOLUTIONS



WELCOME

Welcome to The Common Man, the official sponsor of your benefits program! As an active full-time employee, you are eligible to participate in our competitive benefit program. Benefits will be effective the 1st of the month following 60 days of employment. You may elect coverage for yourself, spouse (Domestic Partners) and legal dependents. This summary of benefits is provided to give you a general overview of the benefit choices you have as an employee. We have attempted to make this summary as up-to-date and accurate as possible. However, if there are any discrepancies between this summary and the plan documents, the plan documents will supersede this summary. Employee benefit plans and policies may be changed at the sole discretion of the company at any time. Please make sure that you read all benefits information provided to you.

Inside:

- Employee Navigator Instructions
- Rates for Medical, Dental, Vision
- ICHRA information
- Medical Plans
- HRA
- Dental Plan
- Vision Plan
- Life and Accidental Death & Dismemberment Insurance
- Additional Information
- Contact Information

Open Enrollment

We will have an open enrollment period annually, which allows employees to review and change their benefit choices. Once you make benefit elections, they will be effective for the entire plan year. The only time you may change your benefits during the plan year is in the event of a qualified life change. A qualified life change is defined as:

- Marriage or Divorce
- Birth or adoption of a dependent
- Death of a dependent
- Change in coverage under another employer's plan
- HIPAA Special Enrollment events
- Medicare or Medicaid entitlement
- COBRA qualifying events

If you experience a mid-year election change event, please notify Human Resources within 30 days of the qualified event.

Your Individual Benefits Plan

You must complete the enrollment process during our open enrollment period or within 30 days of your date of hire. In order to change your benefit selection, you must notify Human Resources within 30 days of the qualifying event. If you enroll on time, coverage will become effective on the first day of the month following 60 days of employment. If you fail to enroll on time, you will NOT be covered under our benefit plans (except for company-paid benefits) and your next opportunity to enroll will be the following plan year or earlier if you have a midyear change of status. Changes made during Open Enrollment are effective at the start of the plan year.



Welcome to Employee Navigator

Step 1: Let's Create Your Account

<https://www.employeenavigator.com>

Click, “**Login**” on the top right of the screen.

Click, “**Register as a new user**”.

Enter your personal information.

Your company Identifier is: **CommonMan**

Create your username & password

Create Your Account

First, let's find your company record

First Name

Last Name

Company Identifier
(provided by HR)

PIN
(Last 4 Digits of SSN / ID)

Birth Date
(mm/dd/yyyy)

Next »

Create Your Account

Then register a username and password

Username
(company email is recommended)

Password
(minimum length of 6, number and symbol required)

show it

☐ I agree with the terms of use


Next »



Step 2: Welcome Screen & Electronic Signature and Consent

After reading the welcome screens, click “**Let's Begin**”.

To accept Electronic Signature and Consent click “**Sign Document**” and “**Next**”.



Welcome! We're excited to have you on our team.

Say hello to your benefits management tool! Here you'll have 24/7 access to detailed information about our employee benefits program, company documents, interactive tools, and more! Click continue to find out what HR needs from you before you begin navigating your personalized employee profile.

Continue

1/2

Electronic Signature and Consent

Pending signature

I agree that by using the e-signature feature on this website I am applying my electronic signature which is the legally binding equivalent to my handwritten signature. Whenever I execute an electronic signature, it has the same validity and meaning as my handwritten signature. I also agree that no certification authority or other third party verification is necessary to validate my e-signature.

I also agree to receive electronic disclosures of all health and welfare benefits Notices including Summary Plan Descriptions (SPDs) and any Notice a similarly situated employee would consider to be related to employee benefits. For the purpose of this agreement, a Notice is any document, disclosure, policy, procedure, form or other written material required to comply with federal, state, or a governmental safety or regulatory body and any disclosure provided by my company to comply with any of the aforementioned requirements or to communicate company or employment specific information to me. I confirm I have the necessary equipment to view and print these materials and understand that if I cannot access these materials, I may ask for them to be printed for me by my employer. I authorize my employer to send notices electronically and agree to accept the delivery of notices via email as well as the requirements to view notices on this portal.

Please click the "Sign Document" button to confirm that you have reviewed and completed this task.


Sign Document

Back Next

Step 3: Get Started

Once you've finished your tasks, click “**Begin Enrollment**”.

Details about the open enrollment process will appear. Read and click “**Get Started**.”




Good work!

You're almost finished! Here's what you have left.

1 Open Enrollment

Skip enrollment, for now

Begin Enrollment



Open Enrollment

Let's get rock En-rolling!

Before getting started, you'll want to have your personal information and information for your dependents ready.

The enrollment process includes:

1. Verifying your personal & dependents' demographic information
2. Electing your benefits & completing any related forms
3. Signing your enrollment confirmation summary

Get Started

Step 4: Review/Edit Personal Information

Review the personal information listed and make edits as needed.

Click **“Save & Continue”** at the bottom of the screen.

Personal Information

First Name: Benjamin

Middle Name:

Last Name: Button

Suffix: --Select--

Preferred Name:

Gender: ☒ Male ☐ Female

Date of Birth: August 1, 1977

SSN: ***-**-2017

Tobacco User: ☒ Yes ☐ No

Phone Number: (508) 555-1212

Email Address: wbutton@mycompany.com

Save & Continue

PROGRESS:

Progress Bar shows where you are in the enrollment process.

Click **“View Steps”** to see a list of the steps.

Progress: 0 of 5

View steps

Step 5: Verify Address

Review and/or edit your address. Click, **“Save & Continue”**.

Employee Navigator reaches out to the US Postal Service to verify the address you have provided.

Select the address you would like to use.

Address

Country: United States of America

Address 1: 107 North Main Street

Address 2:

City: Concord State: New Hampshire

Zip Code: 03301

Save & Continue

Verify Address

Recommended

107 N Main St
Concord, NH 03301-4951
Merrimack County

Use this address

Alternatives

Close and edit my address
Back to edit

107 North Main Street
Concord, NH 03301
Keep entered address

Step 6: Review and/or add Dependents

To add a dependent, click **“add dependent”**. Enter your dependent’s profile details.

Relationship, social security number and date of birth are required.

If your dependents are already listed, review the information.

To update any details, click **“edit”** to make changes.

When dependent details are complete, click **“Save & Continue”**.

Dependent Information

add dependent +

Name	DOB	SSN	Relationship
Edit Benjamin Button	01/03/2009	***-**-1234	Child

Save & Continue

Progress: 1 of 5

View steps

Step 7: Walk through each Offered Benefit Plan

Medical

Go Big Go Gnome provides health plans for full-time employees. Select that plan that suits you best.


Progress: 2 of 5 [View steps >](#)

Who am I enrolling?

☒ Myself
☐ Benjamin Button (child)


Which plan do I want?

Health Plan ONE

 **\$82.09** Effective on 01/01/18
Cost per pay period Employee

[Compare](#) [Details](#) [Select](#)

Health Plan TWO

 **\$51.59** Effective on 01/01/18
Cost per pay period Employee

[Compare](#) [Details](#) [Select](#)

[Save & Continue](#)
[Don't want this benefit?](#)

My Selections
Current:
No election yet

Helpful Resources
[Access Blue New England Providers](#)
[Matthew Thornton Blue Providers](#)
[Medical Summary of Benefits](#)

MY SELECTIONS: Your prior election (if you had one) appears below this heading.

HELPFUL RESOURCES: Links to documents and/or websites to provide more information about the benefit offerings are listed here.

Benefit Type: The type of benefit will appear at the top of the screen. Details that you should know prior to making your selection will appear here.

WHO AM I ENROLLING: By default, Myself will be selected and the rates listed on the plans below will reflect employee only coverage. To add a dependent to the coverage, click the green circle to the left of the name. (The rates will update accordingly).

WHICH PLAN DO I WANT:

In each plan box: Click “**Compare**” to see the cost for each plan tier.

Click “**Details**” to learn more information about the plan.

Select a Benefit:

To select a benefit plan, click “**Select**” in the desired plan box and then “**Save & Continue**”.

Waive the Benefit:

If you are not interested in this benefit, click “**Don’t want this Benefit?**” and select a reason code. Employee Navigator will move to the next benefit automatically.

Step 8: FORMS

Some benefits require additional information to complete enrollment. Those forms will appear after each benefit that requires them.

Medical PCP Information: If you selected a medical plan that requires a Primary Care Physician (PCP), you will need to complete this screen. There is a PCP look-up link to help you find and record the PCP ID.

Beneficiary Information: Enrollment in the Group Life and AD&D plan requires a beneficiary. Please complete the requested information and be sure your allocations add up to 100%.

The screenshot shows two sections: "Primary Beneficiaries" and "Contingent Beneficiaries". Each section has a green button labeled "Add a beneficiary +". Below the Primary Beneficiaries section, there is a yellow warning box with an exclamation mark icon and the text "You are required to enter a primary beneficiary." At the bottom right of the form, there is a green "Continue" button.

Step 9: Enrollment Summary

When you have completed the enrollment, you will be brought to the Enrollment Summary page.

YELLOW MESSAGE

"Enrollment Not Complete"

If anything is incomplete, the yellow message box across the screen indicating "Enrollment Not Complete". If you look at the steps in the progress bar, the ones that need to be confirmed or completed will be listed with yellow circles and highlighted.

The screenshot shows the "Enrollment Summary" page. At the top, there is a header "Enrollment Summary" with a printer icon. Below the header, there is a paragraph: "Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR." A large yellow warning box with an exclamation mark icon and the text "Enrollment Not Complete! Please complete the required highlighted steps" is displayed. Below the warning box, there is a progress bar showing "Progress: 2 of 5". A list of steps is shown below the progress bar, with steps 3, 3a, 4, and 5 highlighted in yellow. Step 5 is "Enrollment Summary". A "View steps" link is also present.

Click the steps to be completed.


YELLOW MESSAGE

"Signature Required"


Once all enrollment steps are completed, the yellow message box across the screen will indicate **“Signature required”**. Below the blue signature box is a listing of your enrolled benefits with your cost per pay period. Any dependents who you have enrolled in benefits will appear below with the coverages applied. Below any dependent coverage is a listing of declined coverage(s). If you are satisfied with your elections, click the green **“Click to Sign”** button in the blue box.

YOU'RE DONE!

Enrollment Summary



Below is a summary of your elections and cost for the upcoming plan year. If you have any questions about your enrollment or would like to make changes, please contact HR.




Signature required

You've elected all your benefits but we still require a signature before advancing.

Please review the acknowledgment below

As an eligible employee, I acknowledge that I understand the benefits, rights, and obligations available to me under the plan. I certify the facts contained in this summary are true and complete to the best of my knowledge. I understand that deductions can be made on a pre-tax or post-tax basis. Furthermore, I understand that elections for plans that are deducted on a pre-tax basis cannot be changed during the plan year unless I experience a Qualified Life Event.

[Sign to complete enrollment](#)[Click to Sign](#)

MEDICAL RATES

Contribution: Managers- Common Man will pay 100% for Employee only, if employee wants to cover dependents, member will be responsible for difference

Managers	Employee Monthly Rate	Employer Monthly Rate	Total Monthly Rate	Employee Weekly Rate
Employee Only	\$0.00	\$508.89	\$508.89	\$0
Employee + Spouse	\$661.55	\$508.89	\$1,170.44	\$152.67
Employee + Child(ren)	\$508.88	\$508.89	\$1,017.77	\$117.43
Employee + Family	\$1,038.12	\$508.89	\$1,547.01	\$239.57

Contribution: Hourly- Common Man will pay 50% for Employee only, if employee wants to cover dependents, member will be responsible for difference

Hourly	Employee Monthly Rate	Employer Monthly Rate	Total Monthly Rate	Employee Weekly Rate
Employee Only	\$254.45	\$254.45	\$508.89	\$58.72
Employee + Spouse	\$915.99	\$254.45	\$1,170.44	\$211.38
Employee + Child(ren)	\$763.32	\$254.45	\$1,017.77	\$176.15
Employee + Family	\$1,292.56	\$254.45	\$1,547.01	\$298.28

DENTAL RATES

Managers	Employee Monthly Rate	Employer Monthly Rate	Total Monthly Rate	Employee Weekly Rate
Employee Only	\$0.00	\$40.47	\$40.47	\$0.00
Employee + Spouse	\$37.34	\$40.47	\$77.81	\$8.62
Employee + Child(ren)	\$65.35	\$40.47	\$105.82	\$15.08
Family Coverage	\$85.27	\$40.47	\$125.74	\$19.68

Contribution: Managers- Common Man will pay 100% for Employee only, if employee wants to cover dependents, member will be responsible for difference

Hourly	Employee Monthly Rate	Employer Monthly Rate	Total Monthly Rate	Employee Weekly Rate
Employee Only	\$20.23	\$20.24	\$40.47	\$4.67
Employee + Spouse	\$57.57	\$20.24	\$77.81	\$13.29
Employee + Child(ren)	\$85.58	\$20.24	\$105.82	\$19.75
Family Coverage	\$105.50	\$20.24	\$125.74	\$24.35

Contribution: Hourly- Common Man will pay 50% for Employee only, if employee wants to cover dependents, member will be responsible for difference

VISION RATES

Vision Benefits are paid 100% by the employee.

All Full-Time Eligible Staff	Employee Monthly Rate	Total Weekly Rate
Employee Only	\$4.09	\$0.94
Employee + Spouse	\$7.78	\$1.80
Employee + Child(ren)	\$8.19	\$1.89
Family Coverage	\$12.04	\$2.78

Medical Insurance

The Common Man will be offering an **Individual Coverage Health Reimbursement Arrangement (ICHRA)** starting in 2025. ICHRA's allow for employers to provide money to employees to purchase their individual health insurance in each employee's state of residence. Coverage can be purchased on or off-exchange, but Common Man's broker (CGI) has shopped all individual plans and have found **Anthem BCBS** to be the most competitive for employees who live in NH. The Pathway Network is limited to NH hospitals and providers. * See Pathway network flyer for more info *.

In addition, The Common Man will be providing pre-paid debit cards for the first \$500 of an employee's covered care*. For those with dependents, The Common Man will provide an additional \$500 (total of \$1,000) that members can use for covered care. *Covered care is defined as copays, coinsurance and deductible-related services for medical and pharmacy.

Employees will enroll through an enrollment portal (Employee Navigator) and premium payment will be made by The Common Man on behalf of the employee using a virtual debit card. Employees will continue to be responsible to pay their employee contribution through pre-tax payroll deductions. Employee contributions will be based on what type of medical plan you chose and what your family status.

There are three ways in which employees qualify for an ICHRA, and how their individual medical premium will be paid to the carrier.

Option 1 (Easiest): Employees enroll in the medical plan illustrated in this book through Employee Navigator. Employees who elect this plan will be automatically enrolled with the carrier using the information you have entered in the online enrollment system for yourself and your dependents. Once enrolled, a virtual debit card will be created that will have the full monthly premium loaded each month. The monthly premiums will be automatically deducted from the debit card and paid to the carrier each month. You have no obligation to do anything more, other than make your contribution through pre-tax payroll deductions. ***Please note that if you have a change in address or need changes made to your coverage, you must process these directly with the insurance carrier.**

Option 2 (Hardest): Employees go out to the Marketplace https://www.healthsherpa.com/?_agent_id=daniel-cronin and pick their own plan that does not include a government subsidy and qualify for the ICHRA. Employees will be responsible for paying the carrier directly. Each month, CGI will deposit the full premium into employee's checking account, in advance, prior to the 1st of the month in which the premium is due. **Employees will need to submit a 2025 ICHRA Attestation & Claim Form for each request for reimbursement and attach proof of payment with carrier invoice.** Employees will make their monthly contribution through pre-tax payroll deductions.

Option 3: Medicare eligible employees and their Medicare eligible dependents are eligible to select Part B, Part D and a supplement plan, and also qualify for the ICHRA. Alternatively, these employees may also shop the Marketplace using the link above*. Medicare premiums cannot be paid with a debit card, therefore CGI will deposit the full premium into employee's checking account, in advance, prior to the 1st of the month in which the premium is due. **Employees will need to submit a 2025 ICHRA Attestation & Claim Form for each request for reimbursement and attach proof of payment with carrier notice.** Employees will make their monthly contribution through pre-tax payroll deductions.

***Please be aware that Marketplace Individual Plans are not guaranteed to be creditable coverage and employees are advised to seek consultation from a Medicare Specialist. Contact information for a Medicare Specialist can be found in the back of this booklet.**

Plans that do not qualify as individual coverage eligible for ICHRA include your spouse's employer group plan, Medicaid, TRICARE, COBRA, short-term plans, or preventive only plans.

Medical Insurance



Who is Eligible and When:

Employee's that work 30 hours per week or more are eligible for health insurance. Coverage begins first of the month following 60 days. If you are enrolling as a manager, The Common Man will pay 100% towards your employee only premium. If you are enrolling with dependents, you'll be responsible for the difference. If you are an hourly employee, the Common Man will contribute 50% towards your employee only premium. If you enroll with dependents, you will be responsible for the difference.

PCP's are required. To find a PCP, please visit [Anthem.com](https://www.anthem.com)- Find care. You can also call 1-888-832-2583 for assistance.

		Anthem Gold Pathway X Enhanced HMO \$1500	
Deductible		\$1,500 per Member \$3,000 per Family	
Coinsurance		25%	
Out-of-Pocket Limitation Includes all Deductibles, Coinsurance and Copays you pay during the calendar year.		\$7,800 per Member \$15,600 per Family	
Preventive Care Immunization, lead screening, PSA, Routine physical exams, mammograms, and colonoscopies		Covered in full	
Outpatient care Medical visits to treat illness or injury Telemedicine (Live Health Online)		\$30 pervisitPCP/ \$60 per visit Specialist \$0 copay	
Surgery & anesthesia in an independent ambulatory surgery center		Subject to deductible then coinsurance	
Lab tests		Subject to deductible then coinsurance	
X-Rays		Subject to deductible then coinsurance	
Advanced Diagnostic Imaging: MRI, PET, CAT		Subject to deductible then coinsurance	
Physical therapy, occupational therapy or speech therapy- up to 60 visits combined per calendar year		\$30 per visit in office setting Outpatient Hospital: Subject to deductible then coinsurance	
Inpatient Care Physician in-hospital care, surgery, delivery, anesthesia, lab, X-ray, CT scan, MRI, medical supply, medication and physical, occupational and speech therapy.		Subject to deductible then coinsurance	
Durable Medical Equipment		Subject to deductible then coinsurance	
Mental Health & Substance Abuse		Outpatient- \$30 per visit Inpatient- Subject to deductible then coinsurance	
Emergency Room Care ER Charge Urgent Care Facility Charge		Subject to deductible then coinsurance \$45 copay	
Prescription Drug Copays	Retail (30 day supply): Tier 1: \$15 Tier 2: \$30 Tier 3: \$60 Tier 4: \$250	Mail Order (90 day supply): Tier 1: \$37.50 Tier 2: \$75 Tier 3: \$180 Tier 4: \$250	



Health Reimbursement Arrangement Benefit Card

Great American Dining Inc dba Common Man is excited to offer a Health Reimbursement Arrangement (HRA) as part of your benefits package. This HRA is a carded benefit plan where the employee can use the benefit debit card to pay for medical deductibles, copays, coinsurance, and Rx.

Eligibility: Employees in NH, ME, MA, VT, and Medicare enrollees

Benefit: Employees enrolled in a single plan, the benefit amount is \$500; Employee + Spouse, Employee + Children, or Family coverage plans the benefit amount is \$1000. Eligible expenses include medical deductibles, copays, coinsurance, and Rx.

HRA Reimbursements: The full amount will be available on the first day of the plan year (6/1/2025). Expenses must have been incurred between 6/1/2025 and 12/31/2025 (effective on the enrollment date for mid-year new hires). After the end of the plan there is a 60 day run-out period for submitting manual claims incurred during the plan year to the HRA plan. Please note in the case of a termination, you will have 60 days from your last day of employment to submit manual claims for expenses that must have been incurred when the participant was an active employee. Lastly, there is no carry-over provision for this HRA plan.

Employees may access their HRA available funds through the WealthCare portal at www.cgi.wealthcareportal.com. First time users will need to register with the following information:

Employee ID: Social Security number without dashes.

Employer ID: CGITHECMAN

For more detailed information on benefits, limitations, and exclusions, please refer to your employer's Summary Plan Description.

How to register for the CGI Online Portal: Great American Dining Inc dba The Common Man

***Employer ID: CGITHECMAN**
Employee ID: Use SSN with "no" dashes

Go to <https://cgi.wealthcareportal.com> OR scan the QR code to get started



Step 1: Enter 'First Name', 'Last Name', 'Zip Code', *optional* 'benefit card.'

STEP 1 STEP 2 STEP 3 STEP 4 STEP 5 STEP 6

You are on step 1 of 6

Let's get you registered - please provide the information below.

First Name *

Last Name *

Zip Code *

☐ Check this box if you received a debit card for your benefit account.



***Employer ID may be requested**

STEP 1 STEP 2 STEP 3 STEP 4 STEP 5 STEP 6

You are on step 1 of 6

Enter your employer information and we'll securely retrieve your information!

Step 2: Choose a method to receive the verification either by email or text and enter the code.

STEP 1 STEP 2 STEP 3 STEP 4 STEP 5 STEP 6

You are on step 2 of 6

We found you! Pick a method to receive a verification code now.

Send code to email: m*****rty@alegeus.com ☒ E-MAIL

Send code via text: ***-***-5743 ☒ TEXT

[I cannot receive a verification code](#)



STEP 1 STEP 2 STEP 3 STEP 4 STEP 5 STEP 6

You are on step 2 of 6

An SMS has been sent to the following phone:
--5743

Enter the verification code that you received via SMS below:

[Resend verification code](#)

[I did not receive my code](#)

Step 3: Create a username and designate an email and password to use with your account.

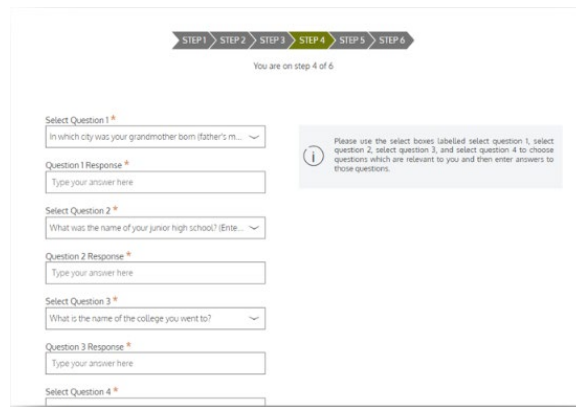
STEP 1 STEP 2 STEP 3 STEP 4 STEP 5 STEP 6

You are on step 3 of 6

Create a user name, email and password for your account.

Password Strength

Step 4: Select and answer four (4) security questions.



STEP 1 > STEP 2 > STEP 3 > **STEP 4** > STEP 5 > STEP 6

You are on step 4 of 6

Select Question 1 *
In which city was your grandmother born (father's m...
Question 1 Response *
Type your answer here

Select Question 2 *
What was the name of your junior high school? (Enter...
Question 2 Response *
Type your answer here

Select Question 3 *
What is the name of the college you went to?
Question 3 Response *
Type your answer here

Select Question 4 *

Please use the select boxes labelled select question 1, select question 2, select question 3, and select question 4 to choose questions which are relevant to you and then enter answers to those questions.

Step 5: Confirm your email address.



STEP 1 > STEP 2 > STEP 3 > STEP 4 > **STEP 5** > STEP 6

You are on step 5 of 6

First Name Maura
Last Name OTP
Confirm Email * maura.mccafferty@alegeus.o

The email address entered is used for security encryption only. It is not used for solicitation purposes.

CANCEL NEXT

Step 6: Confirm your security questions and answers. Submit to complete the registration process.



STEP 1 > STEP 2 > STEP 3 > STEP 4 > STEP 5 > **STEP 6**

You are on step 6 of 6

Your setup information has not yet been submitted. Please verify your information below before clicking Submit. If you need to make a change before submitting, click the appropriate Edit Info link

Questions and Answers

Question 1
In which city was your grandmother born (father's mother)?
alegeus

Question 2
What was the name of your junior high school? (Enter only Riverdale for Riverdale Junior High School)
alegeus

Question 3
What is the name of the college you went to?
alegeus

Question 4

EDIT INFO

Success
You have successfully completed the registration process

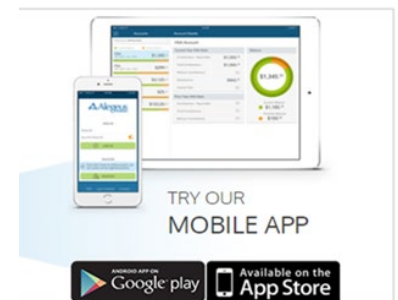
The next time you sign on to access your account information you will be asked to provide your **username** and **password**

To protect your personal information you may occasionally be required to complete additional authentication

DONE

Account Access as Mobile as you are! Search 'CGI Business Solutions Mobile'

- View account balances and transaction history
- Submit receipts to substantiate a claim by taking a picture of it with your smartphone and uploading
- Contact CGI Business Solutions for assistance





The Sydney Health mobile app makes healthcare easier

Access personalized health and wellness information wherever you are

Use SydneySM 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.



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 professional in your plan's network. If you receive care from a doctor or healthcare professional 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 Caredon Digital Platforms, a separate company offering mobile application services on behalf of your health plan. ©2020-2022 The Virtual Primary Care experience is offered through an arrangement with Hydrogen Health.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (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, Inc. New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company, Inc. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits 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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Keeping all your health information in one place

The Sydney Health mobile app helps you navigate your healthcare experience, with access to benefits information.

With the Sydney Health mobile app, you can:

- Check benefit information and claim details
- Compare costs for healthcare services
- Search for doctors, care centers, pharmacies, and hospitals in your plan
- Set up online visits with doctors, psychologists, and therapists
- Use the Symptom Assessment tool
- Access your digital ID card
- Chat with Member Services

Sydney Health is available on the App Store® or Google Play™.

Virtual doctor visits with Sydney Health

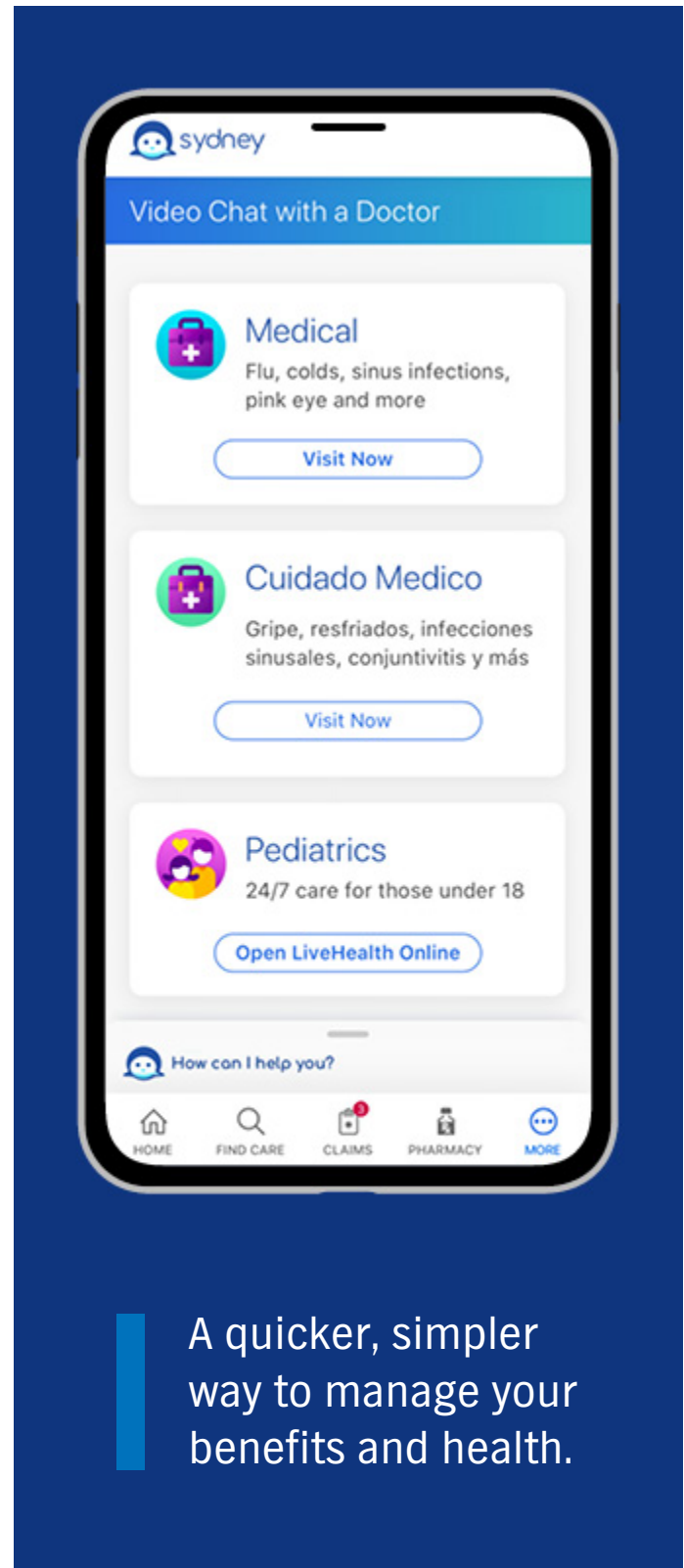
The Sydney Health mobile app can connect you to care anytime – often at low or no additional cost to you.

If you or a covered family member has a health issue, you can quickly see a doctor for quality care using a smartphone, tablet, or computer.¹

You can also schedule a virtual care visit with a licensed therapist for stress, anxiety, depression, family issues, and other health concerns. Psychiatrists are available by appointment when needed.²



Learn more about virtual care options.



A quicker, simpler way to manage your benefits and health.

Use your preventive care benefits

Stay healthy and catch problems
early for easier treatment



Our health plans offer all the preventive care services and immunizations below at no cost to you.¹ As long as you use a doctor, pharmacy, or lab in your plan's network, you won't have to pay anything. If you go to doctors or facilities that are not in your plan, you may have to pay out of pocket.

If you are not sure which exams, tests, or shots are right for you, talk to your doctor.

Preventive care vs. diagnostic care: Knowing the difference

Preventive care helps protect you from getting sick. If your doctor recommends services when you have no symptoms, that's preventive care. **Diagnostic care** is when you have symptoms, and your doctor recommends services to determine what's causing those symptoms.

Adult preventive care

General preventive physical exams, screenings, and tests (all adults):

- Alcohol and drug misuse: related screening and behavioral counseling
- Anxiety, depression, and suicide risk screenings
- Aortic aneurysm screening (for men who have smoked)
- Behavioral counseling to promote a healthy diet and physical activity
- High blood pressure (hypertension) screening
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) levels screening
- Colorectal cancer screenings, including fecal occult blood test, barium enema, flexible sigmoidoscopy (exam of the large intestine), screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)²
- Diabetes screening (type 2)³
- Exercise interventions to prevent falls in adults over age 65

- Hepatitis B virus (HBV) screening for people at increased risk of infection
- Hepatitis C virus (HCV) screening
- Hearing screening
- Height, weight, and body mass index (BMI) measurements
- Human immunodeficiency virus (HIV): screening and counseling
- Interpersonal and domestic violence: screening and counseling
- Lung cancer screening for adults aged 50 to 80 years who have a 20 pack-year smoking history and currently smoke or have quit within the past 15 years²
- Obesity: related screening and counseling³
- Prostate cancer screenings, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Syphilis infection screening for persons who are at increased risk
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening

Women's preventive care:

- Breast cancer screenings, including exam, mammogram, and genetic testing for BRCA1 and BRCA2 when certain criteria are met⁵
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies, and counseling^{6,7,8/9}
- Chlamydia and gonorrhea screening
- Contraceptive (birth control) counseling
- Counseling related to chemoprevention for those at high risk for breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Human papillomavirus (HPV) screening⁷
- Pelvic exam and Pap test, including screening for cervical cancer
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, HIV, healthy weight, preeclampsia, and depression⁷
- Urinary incontinence screening
- Well-woman visits

Immunizations:

- Diphtheria, tetanus, and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps, and rubella (MMR)
- Meningococcal (meningitis)
- Monkeypox and/or smallpox (at risk)
- Pneumococcal (pneumonia)
- Respiratory syncytial virus (RSV)
- Severe acute respiratory syndrome coronavirus 2 (SARS CoV 2)(COVID-19)
- Varicella (chickenpox)
- Zoster (shingles)

The preventive care services listed above are recommendations of the Affordable Care Act (ACA) and are subject to change. They may not be right for every person. Ask your doctor what's right for you.

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the group policy provisions will rule. Please see your combined evidence of coverage (EOC) and disclosure form or certificate for exclusions and limitations.

Child preventive care

Preventive physical exams, screenings, and tests:

- Anemia screening
- Anxiety, depression, and suicide risk screenings
- Autism Spectrum Disorder (ASD) screening
- Blood pressure screening
- Cervical dysplasia (abnormal cell growth on the cervix) screening
- Cholesterol and lipid (fat) levels screening
- Development and behavior screening
- Diabetes screening (type 2)
- Hearing screening
- Height, weight, and BMI measurements
- Hemoglobin or hematocrit (blood count) screening
- Hepatitis B screening
- HIV screening
- Lead testing
- Newborn screening
- Obesity: related screening and counseling
- Ocular prophylaxis for Gonococcal Ophthalmia Neonatorum: Preventive medication: newborns
- Oral (dental health) assessment, when done as part of a preventive care visit
- Sexually transmitted infections: related screening and counseling
- Skin cancer counseling for those ages 6 months to 24 years with fair skin
- Sudden cardiac arrest/death risk assessment
- Tobacco, alcohol, and drug use assessments
- Vision screening for those ages 6 months to 5 years



Immunizations:

- Chickenpox
- Flu
- Haemophilus influenza type B (HIB)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Meningitis
- Measles, mumps, and rubella (MMR)
- Pneumonia
- Polio
- Respiratory syncytial virus (RSV)
- Rotavirus
- Severe acute respiratory syndrome coronavirus 2 (SARS CoV 2)(COVID-19)
- Whooping cough

Coverage for pharmacy items

For 100% coverage of your over-the-counter (OTC) drugs and other pharmacy items listed here, you must:

- Meet certain age requirements and other rules
- Receive and fill prescriptions from doctors, pharmacies, or other healthcare professionals in your plan's network
- Have prescriptions, including for OTC items

Women's preventive drugs and other pharmacy items (age appropriate):

- Breast cancer risk-reducing medications, such as tamoxifen, raloxifene, and aromatase inhibitors, that follow the U.S. Preventive Services Task Force criteria²
- Contraceptives, including generic prescription drugs and OTC items like condoms and spermicides^{7,8}
- Folic acid for women ages 55 or younger who are planning to become pregnant
- Low-dose aspirin (81 mg) for pregnant women who have an increased risk of preeclampsia

Adult preventive drugs and other pharmacy items (age appropriate):

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease (CVD), preeclampsia, and colorectal cancer in adults younger than age 70
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening for members ages 45 to 75
- Generic low-to-moderate dose statins for members ages 40 to 75 who have one or more CVD risk factors (dyslipidemia, diabetes, hypertension, or smoking)
- Preexposure prophylaxis (PrEP) for the prevention of HIV
- Tobacco cessation products, including all FDA-approved brand-name and generic OTC and prescription products, for members ages 18 and older

Child preventive drugs and other pharmacy items (age appropriate):

- Dental fluoride varnish to prevent tooth decay in children ages 5 and younger
- Fluoride supplements for children ages 6 and younger

If you'd like more help understanding your preventive care benefits, call the Member Services number on your health plan ID card. For a complete list of covered preventive drugs under the Affordable Care Act, view the *Preventive ACA Drug List* flyer, available at [anthem.com/pharmacyinformation](https://www.anthem.com/pharmacyinformation).

¹The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents, and women supported by Health Resources and Services Administration (HRSA) guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your certificate of coverage or call the Member Services number on your ID card.

² You may be required to receive preapproval for these services.

³ The Centers for Disease Control and Prevention (CDC)-recognized diabetes prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

⁴ Some plans cover additional vision services. Please see your contract or certificate of coverage for details.

⁵ Check your medical policy for details.

⁶ Breast pumps and supplies must be purchased from suppliers or retailers in your plan's network for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.

⁷ This benefit also applies to those younger than age 19.

⁸ You may pay a share of cost for other prescription contraceptives, based on your drug benefits. Your cost share may be waived if your doctor decides that using the multisource brand or brand name is medically necessary.

^{8/9} Counseling services for breastfeeding (lactation) can be provided or supported by a doctor or facility in your plan's network, such as a pediatrician, OB-GYN, or family medicine doctor, and hospitals with no member cost share (deductible, copay, or coinsurance). Contact the provider to see if such services are available.

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Pathway offers you increased access and value

for the right care at the right price

If you want more choices for quality doctors, hospitals, and other healthcare professionals in your area at an affordable price, Anthem's Pathway network can help.

Pathway is one of our most popular networks. We developed it based on where most of our members seek care. Pathway is a statewide network of care providers that can provide affordable, quality care for you and your family.

Broad access to in-network care

- 24 out of 26 New Hampshire (NH) hospitals, in all 10 counties
- Four specialty hospitals and ten out-of-state hospitals
- Approximately 95% of primary care doctors and specialists in the state
- 93% of ambulatory surgery centers
- 98% of ancillary providers, such as labs, imaging centers, and surgical facilities

Valuable coverage and services

- Preventive care from a doctor in your plan's network is covered at 100%
- Pharmacy benefits
- Personalized customer support
- Anthem's leading health and wellness programs
- Virtual care through the [SydneySM Health](#) app
- 24/7 NurseLine for general health questions day or night

You can search for providers in your plan's network using the **Find Care** tool at [anthem.com](#) or the [Sydney Health](#) app.



To learn more about the Anthem Pathway network

Talk to your benefits administrator or call the Member Services number on the back of your member ID card.

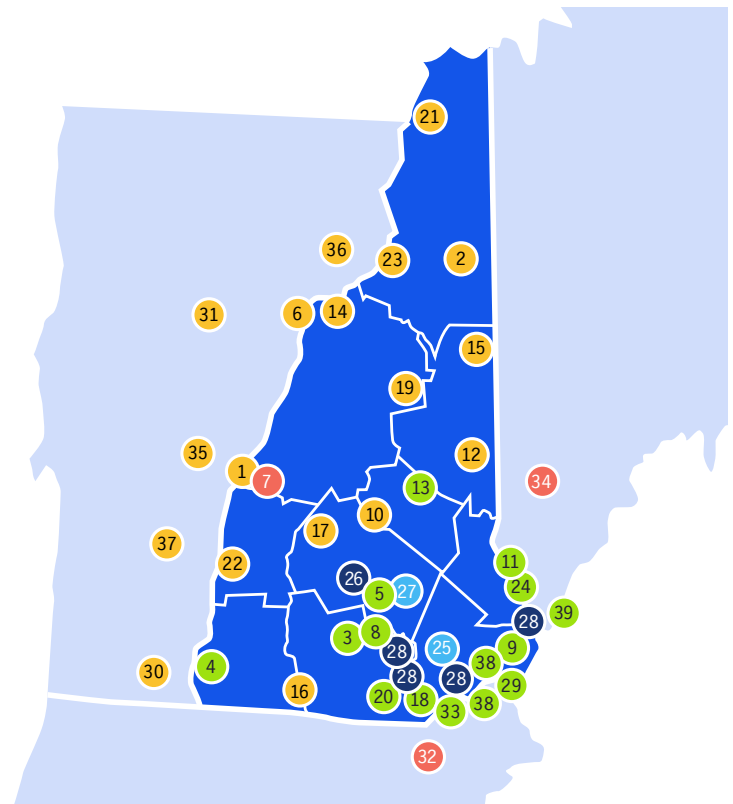
Anthem Pathway Network

NH hospitals

1. Alice Peck Day Memorial Hospital, Lebanon
2. Androscoggin Valley Hospital, Berlin
3. Catholic Medical Center, Manchester
4. Cheshire Medical Center, Keene
5. Concord Hospital, Concord
6. Cottage Hospital, Woodsville
7. Dartmouth-Hitchcock Medical Center, Lebanon
8. Elliot Hospital, Manchester
9. Exeter Hospital, Exeter
10. Concord Hospital, Franklin
11. Frisbie Memorial Hospital, Rochester
12. Huggins Hospital, Wolfeboro
13. Concord Hospital, Laconia
14. Littleton Regional Healthcare, Littleton
15. Memorial Hospital, North Conway
16. Monadnock Community Hospital, Peterborough
17. New London Hospital, New London
18. Southern New Hampshire Medical Center, Nashua
19. Speare Memorial Hospital, Plymouth
20. St. Joseph Hospital, Nashua
21. Upper Connecticut Valley Hospital, Colebrook
22. Valley Regional Hospital, Claremont
23. Weeks Medical Center, Lancaster
24. Wentworth-Douglass Hospital, Dover

NH specialty hospitals

25. Hampstead Hospital, Hampstead
26. HealthSouth Rehabilitation Hospital, Concord
27. NH Hospital, Concord
28. Northeast Rehab Hospital, Salem, Manchester, Nashua, Portsmouth



- | | |
|----------------------------|---------------------------|
| ● Tertiary hospital | ● Rehabilitation hospital |
| ● Acute care hospital | ● Psychiatric hospital |
| ● Critical access hospital | |

Out-of-state hospitals

29. Anna Jaques Hospital, Newburyport, MA
30. Brattleboro Memorial Hospital, Brattleboro, VT
31. Gifford Medical Center, Randolph, VT
32. Lahey Hospital & Medical Center, Burlington, MA
33. Lawrence General Hospital, Lawrence, MA
34. Maine Medical Center, Portland, ME
35. Mt. Ascutney Hospital, Windsor, VT
36. Northeastern VT Regional Hospital, St. Johnsbury, VT
37. Springfield Hospital, Springfield, VT
38. Steward Health Care System, Methuen, MA/Haverhill, MA
39. York Hospital, York, ME

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Anthem \$0 Drug List:

Anthem Plan (for Individual ACA plans only)



Anthem covers medications that may keep you healthy because they may prevent illness and other health conditions. Your individual plan offers a unique benefit to you - you can receive the prescriptions on this list at no cost to you - without a copay and without having to first meet a deductible. This is designed to offer you additional savings on commonly-used medications, exclusively available through your individual plan. HSA-compatible and Catastrophic plans must first meet the deductible.

This list includes only prescription products. In some cases, both brand-name drugs and non-brand drugs (generics) are included, while in other cases, only non-brand drugs are listed. Most brand-name drugs that have a generic equivalent available are not covered under this benefit.

*Some medications may be excluded from your benefits. Please refer to your Certificate or Evidence for Coverage for coverage limitations and exclusions.

ANTIBIOTICS/ANTI-INFECTIVES

AMOXICILLIN CAPSULES/
TABLETS/CHEWABLE/
SUSPENSION
AMPICILLIN CAPSULES
AZITHROMYCIN TABLETS/
SUSPENSION/POWDER
CEPHALEXIN CAPSULES/
TABLETS/SUSPENSION
ERYTHROMYCIN EC
TABLETS/SOLUTION/GEL/
OINTMENT
ERY-TAB EC TABLETS
FLUCONAZOLE TABLETS/
SUSPENSION
ISONIAZID TABLETS
NEOMYCIN TABLETS
PENICILLIN VK TABLETS/
SOLUTION
SULFAMETHOXAZOLE-
TRIMETHOPRIM DS
TABLETS
SULFAMETHOXAZOLE-
TRIMETHOPRIM TABLETS/
SUSPENSION
TRIMETHOPRIM TABLETS

ANTI-DIABETICS

GLIPIZIDE TABLETS
GLIPIZIDE ER TABLETS

BEHAVIORAL HEALTH/ MOOD DISORDERS

AMITRIPTYLINE TABLETS
BENZTROPINE TABLETS
HYDROXYZINE PAMOATE
CAPSULES
LITHIUM CAPSULES/
TABLETS

LITHIUM CARBONATE ER
TABLETS
PROCHLORPERAZINE
TABLETS
THIORIDAZINE TABLETS
TRIHENXYPHENIDYL TABLETS/
SOLUTION

BLOOD MODIFYING AGENTS

WARFARIN TABLETS

CORTICOSTEROIDS

DEXAMETHASONE TABLETS/
SOLUTION/ELIXIR
FLUDROCORTISONE
TABLETS
METHYLPREDNISOLONE
TABLETS
PREDNISOLONE SODIUM
PHOSPHATE SOLUTION
PREDNISOLONE SOLUTION
PREDNISONE TABLETS/
SOLUTION
TRIAMCINOLONE CREAM/
LOTION/OINTMENT/
DENTAL PASTE

COUGH/COLD/ALLERGY

BROMPHENIRAMINE-
PSEUDOEPHEDRINE-
DEXTROMETHORPHAN
SYRUP
CROMOLYN SODIUM
SOLUTION
CYPROHEPTADINE SYRUP
PROMETHAZINE-
DEXTROMETHORPHAN
SYRUP

EYE CONDITIONS

CARTEOLOL SOLUTION
GENTAMICIN SOLUTION
GENTAK OINTMENT
NEOMYCIN-POLYMYXIN-
DEXAMETHASONE
OINTMENT/SUSPENSION
POLYMYXIN B SULFATE-
TRIMETHOPRIM OINTMENT/
SOLUTION
SULFACETAMIDE-
PREDNISOLONE SOLUTION
TIMOLOL GEL
TIMOLOL MALEATE
SOLUTION
TOBRAMYCIN SOLUTION

DIGESTIVE CONDITIONS/ ANTI-NAUSEA

DRAMAMINE TABLETS
MECLIZINE TABLETS
METOCLOPRAMIDE
TABLETS/SOLUTION
PROMETHAZINE TABLETS/
SOLUTION

HEART HEALTH/BLOOD PRESSURE

ATENOLOL TABLETS
BENAZEPRIL TABLETS
CLONIDINE TABLETS
FUROSEMIDE TABLETS/
SOLUTION
HYDROCHLOROTHIAZIDE
CAPSULES/TABLETS
LISINAPRIL TABLETS
METHYLDOPA TABLETS
METOPROLOL TARTRATE
TABLETS
NITROGLYCERIN
SUBLINGUAL TABLETS

PROPRANOLOL TABLETS/
SOLUTION
TIMOLOL TABLETS
TRIAMTERENE-
HYDROCHLOROTHIAZIDE
CAPSULES/TABLETS

HORMONE/THYROID AGENTS

ESTRADIOL TABLETS
LEVOTHYROXINE TABLETS
MEDROXYPROGESTERONE
ACETATE TABLETS
METHIMAZOLE TABLETS
SYNTHROID TABLETS

PAIN MANAGEMENT/ ANTI-INFLAMMATORIES

IBUPROFEN TABLETS
INDOMETHACIN TABLETS
LIDOCAINE SOLUTION
PHENAZOPYRIDINE TABLETS

SKIN CONDITIONS

SELENIUM SULFIDE LOTION/
SHAMPOO
SILVER SULFADIAZINE
CREAM

VITAMINS / MINERAL SUPPLEMENTS

CYANOCOBALAMIN
INJECTION
KLOR-CON TABLETS
KLOR-CON EF TABLETS
KLOR-CON ER TABLETS
POTASSIUM CHLORIDE
CAPSULES
POTASSIUM CHLORIDE ER
TABLETS
PRENATABS RX TABLETS

Anthem \$0 Drug List:

Anthem Plan (for Individual ACA plans only)



VITAMIN D2
(ERGOCALCIFEROL)
CAPSULES

OTHER

ALLOPURINOL
TABLETS
CHLORHEXIDINE
GLUCONATE
SOLUTION
MISOPROSTOL
TABLETS
SODIUM CHLORIDE
INJECTION/
SOLUTION
SULFASALAZINE
TABLETS

This list may change without notice which may affect your benefit coverage. To be sure your medication is covered, call the Pharmacy member services number located on your ID card.

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Home-delivery pharmacy offers savings, convenience, and peace of mind



If you're looking for one less errand to run, you can have prescription medications delivered to your home instead of picking them up at the pharmacy. You can easily set up home delivery for the prescriptions you take regularly for conditions such as diabetes or asthma. You'll receive a 90-day supply with no-cost standard shipping, and it may even help you save money.

With home delivery, you receive:



Savings

Many medicines cost less when you receive a 90-day supply instead of three 30-day supplies.



Convenience

You can receive your medication without a trip to the pharmacy. First-time home-delivery orders take about two weeks, and refills take three to five days. You can also set up automatic refills.



Peace of mind

You'll be less likely to miss a dose and more likely to stay on track with the treatment your doctor prescribed.*

How to switch to home delivery

- 1 Log in to **anthem.com** or the SydneySM Health app and visit the *Pharmacy* page to get started. You can also refill your prescriptions, find a pharmacy, see what's covered, and price medications before you receive them.
- 2 Call the Pharmacy Member Services number on your health plan ID card.

We are here to help

If you have questions, call us at the Pharmacy Member Services number on your health plan ID card.

*Schwab P, Racsa P, Rascati K, Mourer M, Meah Y, Worley K: A Retrospective Database Study Comparing Diabetes-Related Medication Adherence and Health Outcomes for Mail-Order Versus Community Pharmacy. *Journal of Managed Care & Specialty Pharmacy* (accessed August 2022); pubmed.ncbi.nlm.nih.gov/30816817/.

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Smart Rewards for healthy habits

You and your covered spouse or partner can earn rewards for completing health and wellness activities. Redeem rewards for a digital gift card from a selection of retailers.^{1,2,3,4,5}

Complete an annual wellness or well-woman exam within the first 90 days of your plan's start date.

\$25

Complete your digital Health Assessment.

\$20

Getting a little help can go a long way

Access tools and resources for your health. These include:

- **24/7 NurseLine:** Registered nurses answer your health questions by phone, day or night
- **Care Support:** Case managers offer guidance in managing any ongoing or complex health issues
- **MyHealth Advantage:** We track your claims to see if there are care gaps or ways to save you money. If we find anything, we'll contact you through a confidential, mailed MyHealth Note. Messages are also available on the Sydney Health app.

SpecialOffers: member discounts that make a difference

With SpecialOffersSM, you can take advantage of discounts on health-related products and services, like contact lenses and gym memberships.^{5,6} It's another way to support your health.



Learn more about SpecialOffers.

¹ We encourage you to actively participate in your rewards program. Rewards earned should be redeemed before the end of the current plan year. Unused rewards are forfeited 3 months after the end of your plan year, make sure to redeem them before then.
² Rewards eligibility applies only to subscribers and their enrolled spouse/domestic partner. Members must be active on the plan and their activity must take place during the plan year.
³ 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.
⁴ 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](https://www.anthem.com) or open the Sydney Health app to explore the electronic gift card options available to you.
⁵ A subscriber and enrolled spouse/domestic partner may earn rewards when eligible activities are completed and, in some instances, they may be verified by an Anthem claim.
⁶ SpecialOffers discounts are subject to change without notice.

Additional Anthem Resources

Pharmacy

Included with your medical plan for seamless care, our pharmacy solution offers:

- \$0 for most commonly used medications¹
- 24/7 access to dedicated pharmacy experts
- Digital features to price a medication, find a pharmacy in your plan, or refill a prescription online

Two convenient ways to fill your prescription medicine:

Pharmacies

- For a 30-day supply of a covered medication, pharmacies in your plan include most national chains, like CVS, Walmart, Costco, and Kroger¹
- Your plan also includes many independent pharmacies
- 90-day supplies of covered medications available at certain retail pharmacies

CarelonRx Pharmacy

CarelonRx Pharmacy is an enhanced, digital-first pharmacy solution that delivers simple, affordable and personalized pharmacy care to drive better whole-health outcomes. You can benefit from home delivery of your maintenance medications, 24/7 text or chat with a pharmacist, and get cost savings with coupons and lower cost alternatives.³

Check if your doctor is in our network

To confirm, follow these easy steps:¹

1. Go to **anthem.com** and choose **Find Care**.
2. Scroll to and select **Basic search as a guest**.
3. Under *Select the type of plan or network*, choose **Medical Plan or Network**.
4. Choose the state you want to search in.
5. Under *Select how you get health insurance*, choose **Medical (Individuals and Families)**.
6. Under *Select a plan or network*, pick your plan or network, and choose **Continue**.
7. Enter requested details.
8. Select **Search** to look for a doctor by name or location.

The 3 letter code you want to use is **YGP**

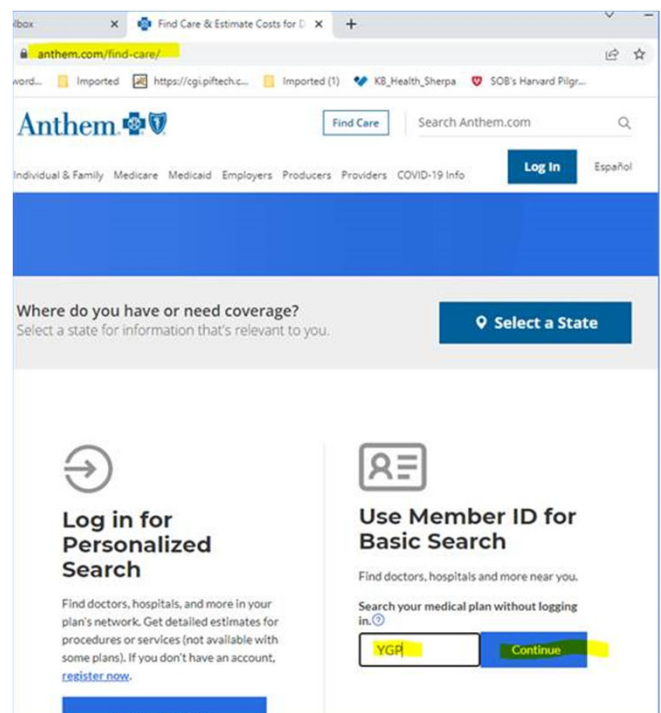
Finding care

With our Find Care tool, you can:

- Search for providers near you by name, specialty, or procedure
- Review doctor quality ratings
- Learn provider details, such as their specialties, languages spoken, office locations, and if they're accepting new patients
- Compare costs
- Explore online care options

Doctors and hospitals don't all charge the same price for the same service. That's why Find Care helps you compare costs for common healthcare services before you make big decisions. Estimates are based on what your plan covers, so you get a true picture of what you would pay.

You can access Find Care on **Anthem.com**, or through the **SydneySM Health** mobile app.



Find Care & Estimate Costs for []

anthem.com/find-care/

Find Care Search Anthem.com

Individual & Family Medicare Medicaid Employers Producers Providers COVID-19 Info Log In Español

Where do you have or need coverage?
Select a state for information that's relevant to you. **Select a State**

Log in for Personalized Search
Find doctors, hospitals, and more in your plan's network. Get detailed estimates for procedures or services (not available with some plans). If you don't have an account, [re-register now](#).

Use Member ID for Basic Search
Find doctors, hospitals and more near you.
Search your medical plan without logging in. **YGP** **Continue**

Delta Dental



Who is Eligible and When:

Employees that work 30 hours per week or more are eligible for dental insurance and coverage begins first of the month following 60 days.

If you are enrolling as a manager, The Common Man will pay 100% towards your employee only premium. If you are enrolling with dependents, you'll be responsible for the difference. If you are an hourly employee, the Common Man will contribute 50% towards your employee only premium. If you enroll with dependents, you will be responsible for the difference.

Office Visit Copayment: N/A			
Diagnostic / Preventive (Coverage A)	Basic Restorative (Coverage B)	Major Restorative (Coverage C)	Orthodontics (Coverage D)
No Deductible	Calendar Year Deductible per Person/Family: \$50/\$150		No Deductible
DIAGNOSTIC: Evaluations twice in a 12-month period; this includes periodic, limited, problem-focused, and comprehensive evaluations. X-rays (comprehensive (full-mouth) series or panoramic film) once in a 5-year period Bitewing x-rays once in a 12-month period X-rays of individual teeth as necessary Brush biopsy once in a 12-month period PREVENTIVE: Two cleanings in a 12-month period Fluoride once in a 12-month period to age 19 Space maintainers to age 16 Sealant application to permanent molars, once in a 3-year period per tooth, for children to age 19 <i>Note: Expenses incurred for covered Diagnostic and Preventive services do accrue to your annual maximum.</i>	RESTORATIVE: Amalgam (silver) fillings; Resin restorations on anterior teeth and the buccal surface of bicusps only ORAL SURGERY: Surgical and routine extractions ENDODONTICS: Root canal therapy PERIODONTICS: Periodontal maintenance (cleaning) <i>Note: Cleanings are limited to two in a 12-month period; these may be routine (Coverage A) or periodontal (Coverage B), or a combination of both.</i> Treatment of gum disease Clinical crown lengthening once per tooth per lifetime DENTURE REPAIR: Repair of a removable denture to its original condition EMERGENCY PALLIATIVE TREATMENT	PROSTHODONTICS: Removable and fixed partial dentures (bridge); complete dentures Rebase and reline (dentures) Crowns Onlays Implants	ORTHODONTICS: Correction of malposed (crooked) teeth for dependent children to age 19
Delta Dental Pays: 100% No Waiting Period	Delta Dental Pays: 80% No Waiting Period	Delta Dental Pays: 50% After a 12-Month Waiting Period*	Delta Dental Pays: 50% After a 12-Month Waiting Period*
Your benefits include Domestic Partner coverage			
Calendar Year Maximum: \$1,250 per Person Health through Oral Wellness® program included (please see reverse for details)			Lifetime Maximum: \$1,250 per Child

Maintaining good dental health by getting regular checkups may prevent you from having major expenses later, and that's why The Common Man offers dental benefits through NE Delta Dental. Employees and their family are free to choose any dentist but visiting a dentist in the NE Delta Dental network may eliminate any balance billing.

Please be advised this is a brief overview. Refer to your Summary Plan Description for complete benefit information.

Even if you waive medical coverage, you may still elect Dental coverage for yourself and your family.

Your dental plan is administered by: NE Delta Dental.

Please direct inquiries to NE Delta Dental at 800-832-5700. For an online provider directory, please visit: www.nedelta.com.

Welcome to Health *through* Oral Wellness® (HOW®)

Extra Benefits—No Additional Charge—For Those Who Need Them

Your Northeast Delta Dental plan includes our industry-leading Health *through* Oral Wellness® (HOW®) program at no additional charge in premium. HOW® provides additional preventive benefits to members who are at risk for oral disease, helping them to achieve better oral health.

Simple and free, HOW® works like this:



STEP 1:

The dentist or hygienist performs a clinical oral health risk assessment and submits it to Northeast Delta Dental electronically and receives a score.



STEP 2:

Members scoring between 3 and 5 on a five-point scale are immediately eligible for enhanced benefits.*



STEP 3:

Everyone deserves a healthy smile. For tips on oral wellness and to take a free risk assessment, please visit **HealthThroughOralWellness.com**.

*Additional preventive benefits apply toward the annual maximum and are subject to the provisions of your Northeast Delta Dental policy. Only the clinical risk assessment performed in your dental office can determine your eligibility for additional preventive benefits.

Additional Benefits May Include:

- Extra cleanings
- Fluoride varnish or topical fluoride
- Oral hygiene instruction
- Sealants
- Nutritional counseling
- Tobacco cessation counseling



Access Your Member Benefits 24/7

Enjoy 24/7 access to your benefit and claim information, print additional identification cards, read your benefit booklet and Explanation of Benefits (EOB), download our mobile app, search for a dentist, register for the Health *through* Oral Wellness® (HOW®) program, and so much more—all when it's convenient for you!

At Northeast Delta Dental we strive to give you the best experience possible. That includes technology with access to the information and tools you need, all while supporting our efforts to *go green* by reducing paper waste and our carbon footprint.



Register for
HOW®



View your benefits/
Find a dentist



Print
ID cards



Download our
mobile app



View claims and
print EOBs



Read your
dental plan booklet



Registration is simple:

1. Go to **www.nedelta.com** and click on **PATIENTS**
2. Click **Log In** or **Register Here** to get started!
3. Complete the registration process

Note: You will need your Subscriber ID number (found on your ID card or by calling Customer Service at 1-800-832-5700).



Find a Dentist

Finding a dentist in your area is easy!

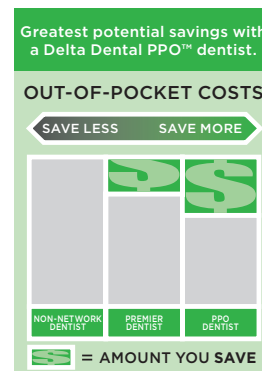
Find a Dentist is located in the top right corner of every page.

Enter some general information about your location and network type, click **Search**, and a list of dentists serving your area will be displayed.

Note: If you are enrolled in a PPO plus Premier Program, please be sure to search both networks.

Stretch your annual maximum dollars!

If your Northeast Delta Dental plan includes our PPO network, and if you are looking for ways to save money on your dental care and lower your out-of-pocket dental expenses, consider looking for a Northeast Delta Dental PPO dentist for your care.



Health *through* Oral Wellness® (HOW®)

Health *through* Oral Wellness® is a program designed to promote better oral health and overall health for Northeast Delta Dental Members. HOW® is all about YOU because it's based on your own specific oral health risks and needs. Best of all, it's secure, confidential, and absolutely FREE.



REGISTER - Go to HealthThroughOralWellness.com and click on "Register Now"

KNOW YOUR SCORE - After you register, please take the free oral health risk assessment!

SHARE YOUR SCORE WITH YOUR DENTIST: Share your results with your dentist at your next dental visit. Your dentist can discuss your results with you and perform a clinical version of the assessment. Based on your risk, as shown on your clinical assessment, you may be eligible for additional preventive benefits at no cost if your employer participates in the HOW program.*

**Additional preventive benefits are subject to the provisions of your Northeast Delta Dental policy. Only the clinical risk assessment performed by your dentist can determine your eligibility for additional preventive benefits.*

EyeMed Vision and Hearing Discount Program

- Save up to 35% off eyewear and 40% off hearing exams.
- With **Vision Wellness**, choose from any available frame, including quality name-brand products at provider locations, including:



LENSCRAFTERS



- **Hearing Wellness** includes discounted, set pricing on thousands of hearing aids and is offered through Amplifon, the nation's largest independent hearing care network.



Learn more at www.nedelta.com or from our Customer Service Representatives at 1-800-832-5700.

Vision Insurance

Who is Eligible and When:

The Common Man will still offer vision coverage with Eyemed as long as the employee works at least 30 hours or more per week. Benefits will become effective first of the month following 60 days. If you want to enroll with vision coverage, you will be responsible for the premium if enrolled as employee only or with dependents.



The Common Man



40% OFF

additional complete pair of prescription eyeglasses

20% OFF

non-covered items, including non-prescription sunglasses

Find an eye doctor (Select Network)

- eyemed.com
- EyeMed Members App
- For LASIK, call 1.800.988.4221

Heads up
You may have additional benefits. Log into eyemed.com/member to see all plans included with your benefits.

SUMMARY OF BENEFITS

VISION CARE SERVICES	IN-NETWORK MEMBER COST	OUT-OF-NETWORK MEMBER REIMBURSEMENT
EXAM SERVICES		
Exam	\$10 copay	Up to \$30
CONTACT LENS FIT AND FOLLOW-UP		
Fit and Follow-up - Standard	Up to \$40	Not covered
Fit and Follow-up - Premium	10% off retail price	Not covered
FRAME		
Frame	\$0 copay; 20% off balance over \$130 allowance	Up to \$65
STANDARD PLASTIC LENSES		
Single Vision	\$25 copay	Up to \$25
Bifocal	\$25 copay	Up to \$40
Trifocal	\$25 copay	Up to \$60
Progressive - Standard	\$90 copay	Up to \$40
Progressive - Premium	\$90 copay; 20% off retail price less \$120 allowance	Up to \$40
LENS OPTIONS		
Anti Reflective Coating - Standard	\$45 \$40 \$40 \$15	Not covered
Polycarbonate - Standard	\$15 \$15 20% off retail price	Not covered
Polycarbonate - Standard < 19 years of age		Not covered
Scratch Coating - Standard Plastic		Not covered
Tint - Solid or Gradient		Not covered
UV Treatment		Not covered
All Other Lens Options		Not covered
CONTACT LENSES		
Contacts - Conventional	\$0 copay; 15% off balance over \$130 allowance	Up to \$104
Contacts - Disposable	\$0 copay; 100% of balance over \$130 allowance	Up to \$104
Contacts - Medically Necessary	\$0 copay; paid in full	Up to \$200
OTHER		
Hearing Care from Amplifon network	Discounts on hearing exam and aids; call 1.877.203.0675	Not covered
Lasik or PRK From U.S. Laser Network	15% off retail or 5% off promo. price; call 1.800.988.4221	Not covered
FREQUENCY		
Exam	Once every 12 months from the date of service	
Frame	Once every 24 months from the date of service	
Lenses	Once every 12 months from the date of service	
(Plan allows member to receive either contacts and Contact Lenses frame, or frames and lens services)		
	Once every 12 months from the date of service	

Ready to live your best EyeMed life?

There's so much more to your vision benefits than copays and coverage. Get ready to see the good stuff for yourself.

Your network is the place to start

See who you want, when you want. You have thousands of providers to choose from – independent eye doctors, your favorite retail stores, even online options.

Keep your eyes open for extra discounts

Members already save an average 71% off retail using their EyeMed benefits,¹ but our long list of special offers takes benefits even further.

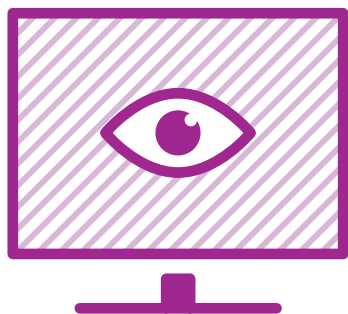
Remember, you're never alone

We're always here to help you use your benefits like a pro. Stay in-the-know with text alerts or healthy vision resources from the experts. If it can make benefits easier for you, we do it.

¹Based on weighted average of sample transactions; EyeMed Insight network/\$10 exam copay/\$10 materials copay/\$120 frame or contact lens allowance.



eye
Med



Create a member account at eyemed.com

Everything is right there in one spot. Check claims and benefits, see special offers and find an eye doctor – search for one with the hours, location and brands you want. For maximum mobility, try the EyeMed Members App (Google Play or App Store).

INDEPENDENT
PROVIDER
NETWORK

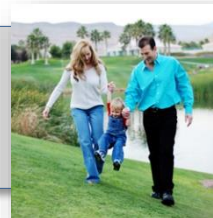


LENSCRAFTERS®

PEARLE
VISION

OPTICAL™

Life and AD&D: The Standard



Who is Eligible and When:

The Common Man is happy to provide employer paid Basic Life insurance for employees as long as they work 30 hours or more per week. This benefit will be paid by Common man at 100%. Employee's are eligible for coverage first of the month following 60 days and will receive a flat \$15,000 Basic Life policy. If you do not enroll when first eligible, you may have the option to enroll upon renewal but will be required to complete an Evidence of Insurance form (EOI) because you are considered a late entrant and now subject to underwriting approval.

Group term life insurance benefit: \$15,000

Accidental death and dismemberment insurance benefit: Same as basic life

Benefits after age 65

You will still have benefits after you turn 65, though they will reduce as follows.

35% at age 65; 50% at age 70

All benefits end at retirement.

Living Benefit (accelerated death benefit)

You can ask for a portion of your group term life benefits to be paid while you are living, if you are terminally ill with less than 12 months to live. If you take a Living Benefit payment, the amount your beneficiary gets after your death will be reduced by the amount you were paid.

Waiver of premium

We may continue your life insurance coverage if you become totally disabled and not able to work prior to age 60, to the maximum age stated in your benefit certificate. You will not pay premiums after the first six months after we approve your waiver of premium claim.

Conversion

If you leave your job for any reason, you may be able to change your group life coverage to an individual policy. You must apply for coverage and pay the first month's premium for the individual policy within 31 days of the last day you were employed.

Resource Advisor

This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources at [Carelonwellbeing.com/resourceadvisor](https://www.Carelonwellbeing.com/resourceadvisor). To access Resource Advisor call (888) 209-7840 and ask for Resource Advisor.

Travel assistance

This value added program gives you access to emergency medical help, travel services and useful tips for your trip if you travel more than 100 miles from home – all at no additional cost to you. You can access Travel assistance benefits by calling: US and Canada (866) 295-4890, other locations (call collect) (202) 296-7482. **All services must be arranged in advance by Generali Global Assistance, Inc. the Travel Assistance vendor.**



Resource Advisor is here with help for life's issues.

Resource Advisor is a confidential member assistance program offering counseling, resources and services to you and your family members. The program includes up to three (3) sessions with a counselor per problem, via face-to-face, video, telephone or text, at no cost.

Support is available 24/7 by calling **888 209-7840** or visiting your member website: **carelonwellbeing.com/resourceadvisor**



You and your household members can receive personalized guidance and help with life's issues



Find a licensed counselor who meets your unique needs and book an appointment online



Get instant access to counseling support, as well as assistance with legal, financial and work life issues



Explore wellness resources that include articles, videos, and podcasts. New topics are updated monthly.

Find confidential counseling, resources and support services for you and your family to help with:

- Anxiety
- Depression
- Relationships
- Stress
- Work-life balance
- Substance Use
- Legal/Financial issues

888 209-7840

carelonwellbeing.com/resourceadvisor

Additional Information for All Eligible Employees

COBRA INFORMATION: COBRA continuation coverage is a temporary extension of coverage under the group health plan. The right to COBRA continuation coverage was created by a federal law, the Consolidated Omnibus Budget Reconciliation Act of 1985 (COBRA). COBRA continuation coverage can become available to you when you would otherwise lose your group health coverage. It can also become available to other members of your family who are covered under the Plan when they would otherwise lose their group health coverage. For additional information about your rights and obligations under the Plan and under federal law, you should review the Plan's Summary Plan Description or contact the Plan Administrator.

HEALTH INSURANCE MARKETPLACE: You may have other options available to you when you lose group health coverage. You may be eligible to buy an individual plan through the Health Insurance Marketplace (www.healthcare.gov). By enrolling in coverage through the Marketplace, you may qualify for lower costs on your monthly premiums and lower out-of-pocket costs. Additionally, you may qualify for a 30-day special enrollment period for another group health plan for which you are eligible (such as a spouse's plan), even if that plan generally doesn't accept late enrollees.

HIPAA INFORMATION: Special Enrollment Right Mandated by the Health Insurance Portability and Accountability Act of 1996.

Group health plans and health insurance insurers are required to provide special enrollment periods during which individuals who previously declined coverage for themselves and their dependents may be allowed to enroll without having to wait for the plan's next open enrollment period. A special enrollment period can occur if a person with other health coverage loses that coverage or if a person becomes a new dependent through marriage, birth, adoption or placement for adoption. If you refuse enrollment for yourself or your dependents for medical coverage, you may later enroll within 30 days of a change in family status or loss of health coverage.

Individuals may not be denied eligibility or continued eligibility to enroll for benefits under the terms of the plan based on specified health factors. In addition, an individual may not be charged more for coverage than similarly situated individuals based on these specific health factors.

Effective April 1, 2009, the Children's Health Insurance Reauthorization Act of 2009 (CHIPRA) created a new 60 day special enrollment period for eligible employees and dependents to immediately enroll in the plan if they become ineligible for Medicaid or any state's Children's Health Insurance Program (CHIP) and lose coverage or become eligible for that state's premium assistance program. The employee must request coverage within 60 days after the termination of coverage or the determination of subsidy eligibility.

WOMEN'S HEALTH AND CANCER RIGHTS ACT OF 1998 (WHCRA): WHCRA requires a group health plan to notify you, as a participant or a beneficiary, of your potential rights related to coverage in connection with a mastectomy. Your plan may provide medical and surgical benefits in connection with a mastectomy and reconstructive surgery. If it does, coverage will be provided in a manner determined in consultation with your attending physician and the patient for a) all stages of reconstruction on the breast on which the mastectomy was performed; b) surgery and reconstruction of the other breast to produce a symmetrical appearance; c) prostheses; and d) treatment of physical complications of the mastectomy, including lymphedema. The coverage, if available under your group health plan, is subject to the same deductible and coinsurance applicable to other medical and surgical benefits provided under the plan. For specific information, please refer to your summary plan description or benefits booklet, or contact Human Resources.

PREMIUM ASSISTANCE UNDER MEDICAID AND THE CHILDREN'S HEALTH INSURANCE PROGRAM (CHIP) If you or your children are eligible for Medicaid or CHIP and you're eligible for health coverage from your employer, your state may have a premium assistance program that can help pay for coverage, using funds from their Medicaid or CHIP programs. If you or your children aren't eligible for Medicaid or CHIP, you won't be eligible for these premium assistance programs, but you may be able to buy individual insurance coverage through the Health Insurance Marketplace. For more information, visit www.healthcare.gov. If you or your dependents are already enrolled in Medicaid or CHIP and you live in a State listed below, contact your State Medicaid or CHIP office to find out if premium assistance is available. If you or your dependents are NOT currently enrolled in Medicaid or CHIP, and you think you or any of your dependents might be eligible for either of these programs, contact your State Medicaid or CHIP office or dial 1-877-KIDS NOW or www.insurekidsnow.gov to find out how to apply. If you qualify, ask your state if it has a program that might help you pay the premiums for an employer-sponsored plan. If you or your dependents are eligible for premium assistance under Medicaid or CHIP, as well as eligible under your employer plan, your employer must allow you to enroll in your employer plan if you aren't already enrolled. This is called a "special enrollment" opportunity, and you must request coverage within 60 days of being determined eligible for premium assistance. If you have questions about enrolling in your employer plan, contact the Department of Labor at www.askebsa.dol.gov or call 1-866-444-EBSA (3272).

THIS IS ONLY A SUMMARY, NOT A CERTIFICATE OF INSURANCE. The information contained in this Employee Benefits Summary is presented for illustrative purposes only and is based on information provided by the employer and in certificates of insurance supplied by the insurance carrier. CGI Business Solutions, your company's insurance broker, has prepared this Summary to assist employees in understanding their company's benefits plan. While every effort has been made to describe these benefits accurately, discrepancies or errors are possible. You should also read the actual plan documents in their entirety. If there is a discrepancy between the Employee Benefits Summary and the actual plan documents, the plan documents will prevail. If you have any questions about the Employee Benefits Summary, please contact Human Resources.

Customer Service Numbers



Refer to this list when you need to contact one of your benefit vendors.
For general information contact Human Resources.

Medical Benefits

Anthem

888-832-2583

www.anthem.com

Benefits Producer- CGI

Steve LeSage

Slesage@cgibenefitsgroup.com

603-232-9394

Dental Benefits

Delta Dental

800-832-5700

www.nedelta.com

Account Executive-CGI

Jess Blais

jblais@cgibenefitsgroup.com

603-232-9375

Vision Benefits

EyeMed

866-939-3633

www.eyemed.com

Life

The Standard

800-628-8600 (Life)

www.standard.com

HRA Administrator

CGI Business Solutions

Email:

Claims@CGIBusinesssolutions.com

888-383-0088

Medicare Questions

Exchange Plans/Subsidy Eligibility

Brian McVeigh

603-232-9320

bmcveigh@cgibenefitsgroup.com

Notes:

Notes:

Notes:



Business Solutions
Business Simplified