

A family of four is walking along a sandy beach. In the foreground, a young girl in a blue patterned dress and a straw hat is smiling and running. Behind her, another girl in a light green outfit is also running. In the background, a woman in a pink tank top and blue shorts is walking, and a man in a white t-shirt and blue shorts is walking to the right, carrying a beach bag. The scene is bright and sunny, with a wooden structure visible in the background.

Getting the Most from Your COVA Care Plan

July 1, 2024 through June 30, 2025

Commonwealth of Virginia





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What's in Your COVA Care Plan?

Your plan includes:

- Medical, Behavioral Health, Employee Assistance Program (EAP), and Prescription Drug benefits administered by Anthem Pharmacy, delivered by CarelonRx
- Diagnostic and preventive dental benefits administered by Delta Dental
- Specialist visits with no referrals
- Routine eye exam once per plan year
- 100% coverage for in-network preventive care, no deductible
- In-network coverage through the Anthem PPO network in Virginia, and the BlueCard® PPO and Blue Cross Blue Shield Global Core Programs for care outside Virginia
- Optional Benefits (*available for an additional premium*): Expanded Dental, Vision & Hearing and Out-of-Network

Your Out-of-Pocket Expense Limit

\$1,500 for one person, **\$3,000** for two or more persons, each plan year

Your deductible, and copayments/coinsurance for **medical, behavioral health and prescription drugs** all count toward the limit. Once you reach the limit, you pay \$0 for covered in-network medical and behavioral health services, and covered prescription drugs for the remainder of the plan year.

These expenses **do not** count toward the limit:

- Amounts above the allowable charge or plan limits
- Services and supplies not covered by your plan
- Copayments, coinsurance and deductibles for optional expanded dental, and optional routine vision/hearing benefits (exception: routine eye exam for members through the end of the month they turn 19 years old)
- 25% reduction in the amount paid by your plan under the out-of-network benefits option



COVA Care Benefits At-A-Glance

In-Network Benefits	You Pay
Deductible – per plan year	
<ul style="list-style-type: none"> One person 	\$300
<ul style="list-style-type: none"> Two or more persons 	\$600
Out-of-pocket expense limit – per plan year <i>(medical, behavioral health and pharmacy costs count toward the limit)</i>	
<ul style="list-style-type: none"> One person 	\$1,500
<ul style="list-style-type: none"> Two or more persons 	\$3,000
Ambulance travel	20% after deductible
Autism Spectrum Disorder treatment and related services	\$25 per service / \$40 per specialist
Behavioral Health	
<ul style="list-style-type: none"> Inpatient 	\$300 per stay
<ul style="list-style-type: none"> Residential Treatment 	\$300 per stay
<ul style="list-style-type: none"> Partial Day Hospitalization Program 	\$125 per episode of care
<ul style="list-style-type: none"> Intensive Outpatient Treatment Program (IOP) 	\$125 per episode of care
<ul style="list-style-type: none"> Outpatient Treatment Program 	
<ul style="list-style-type: none"> – Facility services (per episode of care) 	\$125
<ul style="list-style-type: none"> – Medical and non-medical professional 	\$25 per visit
Chiropractic, manual medical interventions <i>(30-visit plan year limit)</i>	\$25 PCP / \$35 Specialist
Dental Services <i>(routine)</i>	
<ul style="list-style-type: none"> Diagnostic and preventive (routine oral exams and cleanings twice per plan year, x-rays, sealants and fluoride for children) See page 13 for Expanded Dental Option 	\$0
Diagnostic tests, x-rays, labs and injections <i>(outpatient)</i>	20% after deductible
Dialysis treatments	\$0
Doctor's office visits	\$25 PCP / \$40 Specialist
Emergency room visits	\$300 per visit <i>(waived if admitted)</i>
Employee Assistance Program (EAP)	\$0
<ul style="list-style-type: none"> Up to 4 visits per issue, per plan year 	
Hearing Aid (18 and younger)	
<ul style="list-style-type: none"> Dependents 18 years old and younger one hearing aid per ear, up to a cost of \$1,500, every 24 months. Costs above \$1,500 can be paid out-of-pocket or applied to the optional buy-up Hearing Benefit. See page 14. 	\$0
Home health services <i>(90-visit plan year limit)</i>	\$0
Home private duty nurse's services	20% after deductible

NOTE: This is a summary of benefits. For a complete description of the benefits, exclusions, limitations and reductions under the plan, refer to your COVA Care member handbook, available at anthem.com/cova.

In-Network Benefits	You Pay
Hospice care	\$0
Hospital services	
○ Inpatient	\$300 per stay
○ Outpatient	\$125 per visit
Maternity	
○ Professional provider services (<i>prenatal & postnatal care</i>)	\$25 PCP / \$40 Specialist
○ Delivery by PCP or Specialist	\$0
○ Hospital services for delivery (<i>delivery room, anesthesia, routine nursing care for newborn</i>)	\$300 copayment per stay ¹
○ Outpatient diagnostic tests	20% after deductible
Medical equipment, appliances, and supplies	20% after deductible
Prescription drugs – mandatory generic	
○ Retail Pharmacy	Up to 34-day supply: \$15 / \$30 / \$45 / \$55
○ Home Delivery Pharmacy (<i>Mail Service</i>)	Up to 90-day supply: \$30 / \$60 / \$90 / \$110
○ Diabetic supplies	20%, no deductible
○ Prescription Insulin Drugs to Treat Diabetes	34-day supply not to exceed \$50 90-day supply not to exceed \$150
Skilled nursing facility (<i>180-day limit per stay</i>)	\$0 per stay
Therapy services	
○ Cardiac Rehabilitation, Radiation, and Respiratory therapy	\$0
○ Infusion therapy (<i>includes IV and injected chemotherapy</i>)	20% after deductible
○ Occupational and Speech therapy	\$25 PCP / \$35 Specialist
○ Physical therapy <i>only</i>	\$15 PCP and Specialist
○ Physical therapy and other related services (<i>including manual intervention & spinal manipulation</i>)	\$25 PCP / \$35 Specialist
Virtual Care through Sydney Health app	
○ LiveHealth Online	\$0
○ Symptom Checker	\$0
○ Text Chat or Video Visit with Medical Provider	\$0
○ Virtual Wellness/Preventive Visit	\$0
Vision (<i>routine eye exam once per plan year</i>)	\$15 copayment
Wellness & preventive services	
○ Office visits at specified intervals, immunizations, lab and x-rays	\$0
○ Annual check-up visit (primary care or specialist), immunizations, lab and x-rays	\$0
○ Routine gynecological exam, Pap test, mammography screening, prostate exam (digital rectal exam), prostate specific antigen (PSA) test, and colorectal cancer screening	\$0

¹ \$300 hospital copayment is waived if you enroll in Building Healthy Families and complete the required steps. See page 12 for details.



Medical and Behavioral Health

Many of your medical and behavioral health services require a copayment. Some services require 20% coinsurance after meeting a deductible. See the COVA Care Benefits at a Glance for the details.

Medical providers include:

- Primary care physicians who are general or family practitioners, internists and pediatricians
- Specialists such as endocrinologists or cardiologists (No Referral Needed)

Behavioral health providers include:

- Clinical social workers, professional counselors, clinical nurse specialists, and marriage/family therapists
- Psychologists
- Psychiatrists

To avoid higher out-of-pocket costs, always check to be sure a provider is in the network. Simply ask the provider, call your Anthem Health Guide, or go to [anthem.com/cova/find-care](https://www.anthem.com/cova/find-care) and select *Find Care for COVA Care (PPO)*.

Your Anthem Provider Network



Anthem has one of the largest provider and hospital networks in the state of Virginia.

Network **medical and behavioral health providers** accept the allowable charge as payment in full after you pay any applicable deductible, copayment or coinsurance. That means lower out-of-pocket costs for you.

Finding an in-network provider is easy.

1. Go to [anthem.com/cova/find-care](https://www.anthem.com/cova/find-care) and select *Find Care for COVA Care (PPO)*.
2. Log in to the **Sydney Health mobile app** and click on *Care*.
3. Call Anthem Health Guides at **1-800-552-2682** for help.

Care When Traveling

BlueCard® PPO Program for care in the U.S.

What happens if you're traveling or living outside Virginia and you need care? You have access to care across the country through the **BlueCard® PPO Program**. This includes a large number of providers and hospitals nationwide. When you see a BlueCard program doctor or hospital you pay only your usual plan deductible, copayment or coinsurance, and the provider files your claim for you. If you go to a doctor or hospital outside the program, you'll need to pay the entire bill up front and file your own claim.

Always show your Anthem ID card when you receive services. The "PPO-in-a-suitcase" symbol shows you can get care from BlueCard PPO Program providers.



Looking for a BlueCard PPO Program doctor or hospital?



1. Go to hchs.com and select **Find a Doctor**.
2. Log in to the **Sydney Health mobile app** and click on **Care**.
3. Call Anthem Health Guides at **1-800-552-2682** for help.

Blue Cross Blue Shield Global Core Program for care outside the U.S.



If you're outside the U.S. and need care:

- Go to hcbsglobalcore.com and register or login. You can also download the **Blue Cross Blue Shield Global Core app** to search for a doctor or hospital.
- Need help finding a doctor or hospital, or have questions about getting care abroad? Call the Blue Cross Blue Shield Global Core Service Center 24/7 at **1-800-810-2583 (BLUE)** or call collect at **1-804-673-1177**. A service representative will help you set up a doctor visit or hospital stay. An assistance coordinator, together with a medical professional, will arrange a doctor's appointment or hospital stay, if needed.

- Contact the Blue Cross Blue Shield Global Core service center if admitted to the hospital, and call the Member Services number shown on your ID card for precertification.
- You will need to pay up front for care, then fill out a Blue Cross Blue Shield Global Core claim form. Send the form and the bill(s) to the address on the form. Download the claim form from [bcbsglobalcore.com](https://www.bcbsglobalcore.com) and enter the three-digit alpha prefix found on your ID card. Or call Anthem Health Guides to request the form.

Good to Know



Medical transport from another country to the United States (known as medical repatriation) is not covered under your plan. You may want to purchase travel insurance to cover that for you.

Virtual Care Options through Sydney Health App

Life is busy. When you need care and are short on time, you have many options for quick and convenient virtual care through the Sydney Health app. Whether you



prefer to use medical text chat or have a video visit, Sydney Health is the gateway that connects you to the virtual care options included in your benefits. Use your smartphone to access virtual care solutions for all your physical and behavioral health needs.

Services include:

- Comprehensive primary care, coordinated by a care team
- Wellness visits
- Preventive care and lab screenings
- 24/7 Urgent or sick care for common medical conditions like the flu, colds, allergies, pink eye, sinus infections, and more
- New prescriptions and refills
- Mental Health providers including therapists, psychologists, and psychiatrists

- Care for on-going conditions like diabetes, hypertension, and asthma
- Access to specialty care such as lactation consultants, physical therapists, dermatologists, sleep specialists, and allergists

Log in to the Sydney Health app, and access the Care Center to view all the options available to you. Note: Some options require a secondary app. You will be prompted to download the app during the account setup process.



Prescription Drugs

Your prescription drug benefits are through Anthem Pharmacy delivered by CarelonRx. It is a **mandatory generic** program which means if you or your doctor requests a brand name drug when a generic is available, you will pay for the brand copayment plus the difference between the allowable charge for the generic and the brand name drug.

No-cost Condition-related Medications

We're making it easier for you to get certain condition-related, maintenance medications at no-cost. Starting in July, health coaching is no longer required to receive a medication incentive. Instead, all members who take certain medications to manage specific conditions will have a \$0 copay when they pick up their prescription at an in-network pharmacy. The PreventiveRx Plus benefit replaces the Value-based Based Incentive Design (VBID) program. Covered drugs include certain types of insulin, diabetic supplies, and antidepressants, along with several other medicines that treat asthma, high blood pressure, high cholesterol, depression, COPD, and osteoporosis. Check the PreventiveRx Plus drug list on [anthem.com/cova](https://www.anthem.com/cova) to see which medications are included in the program.

Drug Tiers

Your pharmacy benefit categorizes covered drugs into four tiers, and each tier has a specific copayment. Periodically a drug may move from one tier to another.

Tier 1	Generic drugs
Tier 2	Lower cost preferred brand name drugs
Tier 3	Higher cost non-preferred brand name drugs
Tier 4	High cost Specialty drugs

Retail Pharmacy

Get up to a 34-day supply of covered drugs at a network retail pharmacy. You can also get a three month supply of the drug by paying three copayments at the time of purchase. Your retail pharmacy network has more than 67,000 pharmacies across the country – including most chains and some local, independent pharmacies. To check if your pharmacy is in the network, simply ask your pharmacist, go to [anthem.com](https://www.anthem.com), or call us at **1-833-267-3108**.

When you use a network pharmacy, you pay only the applicable copayment. If you choose an out-of-network pharmacy, you'll need to pay the total cost of the drug when you pick it up, and then file a Prescription Drug Claim Form to get reimbursed. You may be responsible for the difference between the pharmacy's charge and the plan's allowable charge for the drug.

Home Delivery Pharmacy

This is a convenient, cost-saving way to get up to a 90-day supply of medications you take on a regular basis. You pay two copayments for a three-month supply of drugs, and the medication is delivered right to your home.



To get started:

By phone: Call **1-833-267-3108**. A representative will help you with your order. Have your prescription, doctor's name, phone number, drug name and strength, and credit card handy when you call.

Online: Login to [anthem.com](https://www.anthem.com) and select Pharmacy under *My Plans* to request a new prescription or refill a current prescription. Use your online Pharmacy tools to set up automatic refills, compare drug costs, and get details about medications.

Specialty Pharmacy

Specialty Home Delivery

Your pharmacy program includes access to home delivery of specialty drugs. Specialty medications include biopharmaceutical and injectable drugs.

Call **1-833-267-3108** to begin using the Specialty Home Delivery service. Provide them with your doctor's name and phone number, and they'll do all the rest.

Specialty Retail

You can also obtain your specialty drugs from a participating retail pharmacy for up to a 34-day supply, or pay three copayments for a three month supply.

Prior Authorization *(required for some prescriptions)*

Most prescriptions are filled right away when you take them to the pharmacy. However, some drugs need to be reviewed before they are covered. This process is called Prior Authorization. If Prior Authorization is needed, your doctor must submit the request. A decision whether the drug will be covered is usually made within 24-48 hours from the time of the request.

It's easy to get EOBs for your pharmacy claims on [anthem.com](https://www.anthem.com)!

You can view pharmacy Explanations of Benefits (EOBs) online anytime at [anthem.com](https://www.anthem.com).

Go to [anthem.com](https://www.anthem.com) and log into your account:

- Select *Explanation of Benefits Center* under *Claims & Payments* and then select *View Pharmacy Claims*.
- Click the icon on the left side of each Rx claim to view details.
- Click on *Print Details* to print all claim details if needed.

No online access? Call **1-800-552-2682** to request a copy.

Note: If your plan does not pay anything towards your claim, you will see \$0.00 plan paid amounts listed in the *Additional Details* section and an EOB is not available.

**Need help? Call Anthem Pharmacy at 1-833-267-3108.
Available 24/7/365.**





Dental

Administered by Delta Dental

Routine diagnostic and preventive dental services are included in your plan with **no coinsurance or deductible** from dentists who participate in the Delta Dental PPO or Premier networks.

Coverage includes:

- Routine oral exams and cleanings, twice per plan year
- Bitewing x-rays
- Sealants and flouride for children under 19
- Full mouth or panorex x-rays once every 3 years

You may receive care outside of the network. However, you'll be responsible for paying any difference between the non-participating dentist's charges and Delta Dental's allowable charge for covered benefits.

The **Expanded Dental Option** covers primary, major and orthodontic dental care for an additional premium.



View complete details at deltadentalva.com

Click on **Commonwealth of Virginia** from the home page.

- View your dental benefits booklet
- Find a dentist
- Check claims
- Learn about good oral health





Employee Assistance Program (EAP)

Your EAP gives you, your covered dependents and members of your household **up to four free confidential counseling sessions per issue** each plan year. Connect with providers virtually or via mobile messaging through LiveHealth Online and Talkspace. Turn to your EAP for information and resources about:

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



Learn all about your EAP services and resources. Call 1-855-223-9277 or visit online at [anthemEAP.com](https://www.anthemEAP.com).

Enter **Commonwealth of Virginia** as company code



Anthem Health & Wellness Programs

Your COVA Care plan includes a host of free and confidential health and wellness programs, including:

- **ConditionCare:** Get support to manage these conditions:
 - Diabetes
 - Heart failure
 - Hypertension
 - Asthma
 - Chronic obstructive pulmonary disease (COPD)
 - Coronary artery disease (CAD)

You may receive a call from ConditionCare if your claims indicate you or an enrolled family member may be dealing with one or more of these conditions. You may opt in or out of the program when they call.

- **Health Assessment:** Completing a Health Assessment is a great way to keep track of your medical history and health goals. Go to [anthem.com](https://www.anthem.com) > Login > *My Health Dashboard* > *Programs* to access My Health Check-in and possibly earn a Premium Reward. You can also access your My Health Check-in on the Sydney Health mobile app.

- **Future Moms is now Building Healthy Families**

Building Healthy Families provides personalized, on-demand health support for members who are pregnant, postpartum, or raising young children. Log onto the Sydney Health app or anthem.com to access online educational articles, videos, health trackers, and personalized coaching via phone or chat.



If you do not have access to the web, call 833-414-4200 to enroll. Expecting parents can have their hospital copayment waived by completing the following three steps before delivery:

1. Register for Building Healthy Families and complete your profile
2. Take the pregnancy screener
3. Complete one of six mini assessments within the program app

- **MyHealth Advantage:** Receive personalized health-related suggestions, tips, and reminders via mail, email, or the Sydney Health mobile app to alert you of potential health risks, care gaps or cost-saving opportunities.
- **Anthem's Diabetes Prevention Program (DPP):** A personalized digital health coaching solution powered by Lark, that leverages artificial intelligence, cognitive behavioral therapy, and smart connected devices to lower risk for type 2 diabetes. Eligible members will be invited to participate in the program which has shown to lower a person's risk for type 2 diabetes by 60%. Find out more and see if you are eligible by logging into the Sydney Health app.
- **Virtual Physical Therapy:** LiveHealth Online and SWORD Health offer LiveHealth Online Healthy Back and Joints for in-home, virtual physical therapy. This effective and convenient program addresses a broad range of musculoskeletal conditions and works at any point in the care journey including prevention, new conditions, chronic pain, and mobility management. The program leverages smart digital sensors and a wireless tablet that are shipped to the member, and dedicated licensed physical therapists who provide custom exercise plans and education, continuous engagement, and behavioral health resources to decrease pain and increase mobility.
- **Cancer Care Navigator:** Cancer Care Navigators are health educators specially trained to support members undergoing cancer treatment. They work one-on-one with members to help coordinate care and act as a single point of contact for their cancer providers reducing the burden on the member and caregivers. Cancer Care Navigators connect members and their loved ones to community resources and answer questions about benefits, treatments, medications, and side effects. Navigators will reach out to eligible members who might benefit from their assistance.

o **Earn Rewards for Getting Better Care**

When considering where to get care, it pays to do your research. Your plan includes SmartShopper, an easy-to-use tool that helps you save money and earn cash rewards. Before making an appointment, check SmartShopper to compare costs for common medical care. Use the website or contact the Care Concierge Team to compare providers, prices, and reward amounts. When you select a provider with a reward listed, you'll receive a check for that amount within six to eight weeks. SmartShopper can even help you schedule appointments, validate procedure referrals with your doctor, and obtain pre-authorizations - making it easy to save and earn rewards.

To access SmartShopper visit cova.smartshopper.com or call the Care Concierge Team at 1-844-277-8991



Optional Benefits

(offered for an additional premium)

1. Expanded Dental Option

Benefits offered in addition to the diagnostic and preventive dental benefits included in the basic COVA Care plan

Administered by Delta Dental



Plan Year Maximum Benefit - per member <i>(except Orthodontic)</i>	\$2,000
Plan Year Deductible	\$50 One person / \$100 Two people / \$150 Family <i>(three or more people)</i>
	In-Network You Pay
Primary <ul style="list-style-type: none"> o Fillings and other restorative services o Root canal and other endodontic services o Simple extractions and other minor surgical procedures o Periodontic services o Denture repair and recementation of crowns, bridges and dentures 	20% after deductible
Major Dental Care <ul style="list-style-type: none"> o Crowns <i>(single crowns, inlays and onlays)</i> o Prosthodontics <i>(partials or complete dentures and fixed bridges)</i> o Dental implants 	50% after deductible
Orthodontic <i>(\$2,000 lifetime maximum benefit per member)</i> <ul style="list-style-type: none"> o Removable and fixed appliance therapy and comprehensive therapy for adults and children 	50%, no deductible

Out-of-network benefits are included.



2. Expanded Vision & Hearing Option

Blue View Vision

In-Network. Your routine vision benefit uses the Blue View Vision network, offering a wide selection of ophthalmologists, optometrists and opticians. The network also has convenient retail locations, including 1-800 CONTACTS, LensCrafters®, Target Optical®, and ContactsDirect.com.

Out-of-Network. You may also choose to receive care outside of the Blue View Vision network. You simply get an allowance toward covered services and you pay the rest. Pay in full at the time of service and then file a Blue View Vision out-of-network claim form for reimbursement.

Expanded Routine Vision Option <i>(once per plan year)</i>	In-Network You Pay
Routine Eye Exam	\$15 copayment <i>(Covered under the basic plan)</i>
Eyeglass Frames¹	80% of balance after plan pays \$100 allowance
Standard Single Vision Eyeglass Lenses <i>(Polycarbonate lenses included for children under 19 years old)</i>	\$20 copayment
Contact Lenses <i>(instead of eyeglass lenses)</i>	
○ Elective Conventional Lenses ²	85% of balance after plan pays \$100 allowance
○ Elective Disposable Lenses ²	Balance after plan pays \$100 allowance
○ Non-Elective Lenses ³	Covered in full
Contact Lens Fitting and Follow-up <i>(Up to 2 follow-up visits. Initial fitting must occur during the eye exam in order to be covered.)</i>	<ul style="list-style-type: none"> • Up to \$55 for Standard Contact Lens⁴ Fitting • 90% of retail price for Premium Contact Lens⁵ Fitting
Additional Discounts <i>(See your COVA Care member handbook for coverage of eyeglass lens upgrades and savings on eyewear accessories.)</i>	<ul style="list-style-type: none"> • 60% of retail price for additional pair of Eyeglasses (unlimited number) • 85% of retail price for Conventional Contact Lenses

¹ Discount not available on frame brands in which manufacturer has a no discount policy.

² Elective contact lenses are in lieu of eyeglass lenses.

³ Non-Elective contact lenses covered when eyeglasses are not an option for vision correction.

⁴ Standard contact lens fitting includes spherical clear contact lenses for conventional wear and planned replacement.

⁵ Premium contact lens fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include toric and multifocal lenses.



Hearing Option

You Pay

Routine hearing exam <i>(once per plan year)</i>	\$40 copayment
Hearing aids and other hearing aid related services <i>(once every 48 months)</i>	Balance after plan pays maximum of \$1,200

3. Out-of-Network Option



Consider this option if you plan to see a provider who is not in the Anthem PPO or the BlueCard PPO network for care in the U.S. Covered services received outside of the network are paid at the in-network level less a **25% reduction** in the amount paid by your plan. The 25% reduction does not count toward your Out-of-Pocket expense limit.

Example: Out-of-network PCP Doctor Visit

Plan allowable charge for visit	\$100.00
Minus \$25 copayment	- \$ 25.00
	= \$ 75.00
25% reduction	- \$ 18.75
What Plan pays after 25% reduction	\$ 56.25
Total amount you pay	\$ 43.75

Plus, the out-of-network provider may bill you for any amount above the allowable charge.



You May Purchase Optional Benefits in these Combinations

- 1. Out-of-Network**
- 2. Expanded Dental**
- 3. Expanded Dental + Out-of-Network**
- 4. Expanded Dental + Vision & Hearing**
- 5. Expanded Dental + Out-of-Network + Vision & Hearing**

Quick Access to Your Plan

[Anthem.com/cova](https://www.anthem.com/cova)

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

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

[Anthem.com](https://www.anthem.com)

Log in to your confidential and secure account

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

Sydney Health mobile app

The *Sydney Health* mobile app acts like a personal health assistant, answering your questions and connecting you to the right resources at the right time. Plus, use the “chatbot” feature to get answers quickly.



Log in using your [anthem.com](https://www.anthem.com) username and password to:



See your medical and pharmacy benefits in one place, and check costs



Find high-quality doctors or specialists in your plan and near you



Connect easily to virtual care



View and use your digital ID card



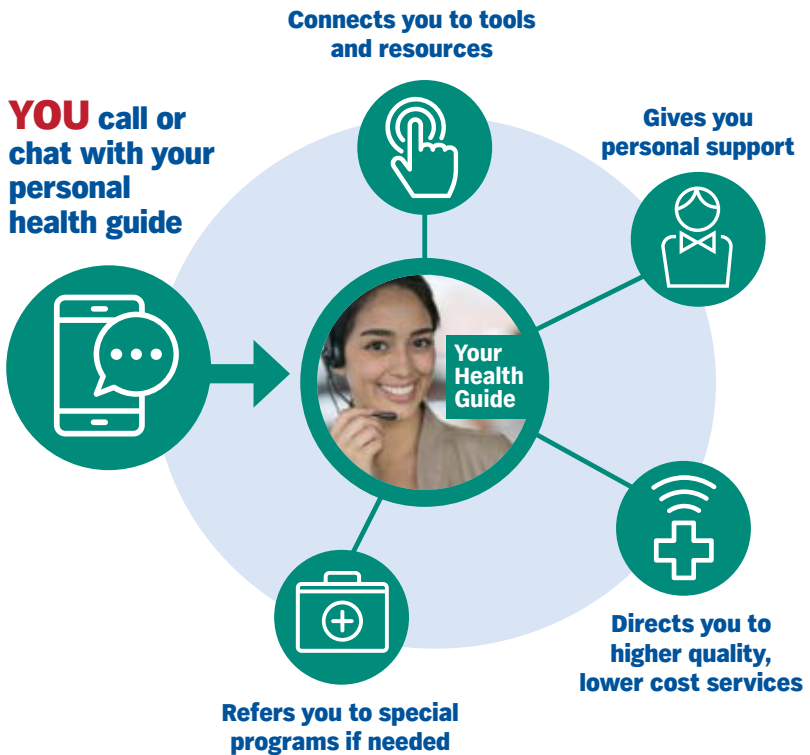
Access your online Health Assessment



...and so much more. Download the app and get started!

Anthem Health Guide

Anthem Health Guides are people specially trained to answer your health plan questions and lead you to the right programs and support for your unique needs. Your guide will also remind you of any screenings or routine exams that are due, help you save money on your prescription drugs, compare costs for care, and find doctors in your area.



Call your **Anthem Health Guide** at **1-800-552-2682**.

Who to Contact for Assistance

Anthem Health Guide (Member Services)	1-800-552-2682 anthem.com/cova
Anthem Behavioral Health and Employee Assistance Program (EAP)	1-855-223-9277 anthemEAP.com <i>(Company Code: Commonwealth of Virginia)</i>
Anthem Health & Wellness Programs	anthem.com > Login > My Health Dashboard > Programs
Anthem ID Card Order Line	1-866-587-6713
Anthem Pharmacy	1-833-267-3108 anthem.com
BlueCard PPO <i>(coverage outside Virginia)</i>	1-800-810-2583 bcbs.com
Blue Cross Blue Shield Global Core <i>(coverage outside of the U.S.)</i>	1-800-810-2583 bcbsglobalcore.com
Delta Dental	1-888-335-8296 deltadentalva.com
Virtual Care Options including LiveHealth Online	Sydney Health App or anthem.com/cova
Department of Human Resource Management (DHRM)/Commonwealth of Virginia	dhrm.virginia.gov
ALEX Benefits Counselor	myalex.com/cova/2024

Eligibility questions? If you have questions about eligibility for the state health benefits program, please contact your agency Benefits Administrator for further information.



Commonwealth
of Virginia



Language Access Services - (TTY/TDD: 711)

(Spanish) - Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda.

(Korean) - 귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오.

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