For more information about your coverage, or to get a copy of the complete terms of coverage, https://eoc.anthem.com/eocdps/aso. For general definitions of common terms, such as allowed amount, balance billing, coinsurance, copayment, deductible, provider, or other underlined terms, see the Glossary. You can view the Glossarm0 0 1 reW* nBT/F2 12 Tf1 0 0 1 316.ilth(Gl5(re.go

_____ _____	No.	You can see the specialist you choose without a referral.

All _____ and _____ costs shown in this chart are after your _____ has been met, if a _____ applies.

	Primary care visit to treat an injury or illness	0% coinsurance	30% coinsurance	Virtual visits (Telehealth) benefits available.
S U R Y L G H U	Specialist visit	0% coinsurance	30% coinsurance	Virtual visits (Telehealth) benefits available.

* For more information about limitations and exceptions, see the ____ or policy document at https://eoc.anthem.com/eocdps/aso.

(833) 363-1429.

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