



**PLUS+** insurance  
GDAplus.com

**GDIS**  
Georgia Dental Insurance Services, Inc.



# HEALTHPLAN BENEFITS

Georgia Dental  
Association  
**2023**

# Here's where to find...

Welcome.....	3
Who is Eligible.....	4
How to Enroll.....	5
Medical Plans.....	6
How to be a Smart Consumer.....	9
Health Savings Account.....	10
Additional Benefits.....	11
Life and Vision.....	12
Anthem Resources.....	13
Health Advocate.....	14
Frequently Asked Questions.....	15
Glossary of Terms.....	17
Contacts.....	18



Dear Plan Participant,

Enclosed is your 2023 GDA health plan benefit guide, which includes three superior plans designed to meet your needs.

The group buying power through your association is not only keeping premium rates steady but is giving you more value for your dollar. Each year an increasing number of members are making the switch to GDA health plans, which offer:

- Term Life benefit of \$10,000
- Your own dedicated staff
- A personal health advocate to service you when a claim/procedure approval and/or question arises
- Broad provider network (you can go to any specialist without a referral, many more hospitals and physicians in the network both in Georgia and Nationally)
- No health history coverage limitations
- No age banding
- Premiums guaranteed for a year
- No minimum number of enrollees required
- No surprise mid-year cancellations

The summary of benefits and coverage for each plan option will be posted online at [gdaplus.com/health](http://gdaplus.com/health).

If you have questions about your coverage or any of the benefit plans, please call our health insurance team at 770.395.0224.

Sincerely,

A handwritten signature in black ink, appearing to read 'Frank J. Capaldo', is written in a cursive style.

Frank J. Capaldo  
Executive Director

# WHO IS ELIGIBLE?

Benefits are available to employees of participating dental offices of the Georgia Dental Association and eligibility is set by the individual office. For those enrolling during Open Enrollment, your benefits will become effective on **January 1, 2023**. For new hires, your effective date will be set by your office.

## Eligible dependents include:



Your legal spouse  
or domestic  
partner



Your children  
from birth  
to age 26

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

## Making Changes

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

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

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

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

# How to Enroll

To sign up for benefits, return your enrollment form no later than **Nov. 30**. For additional information go to [gdaplus.com/health](http://gdaplus.com/health).

Fax # **404.634.6099**  
 Email: [christy@gadental.org](mailto:christy@gadental.org)

# Enrollment Deadlines

Type of Employee / Dependent	Enrollment Opportunity	Coverage Effective Date
CURRENT EMPLOYEE	By Nov. 30, 2022	Jan. 1, 2023
NEW HIRE	Must enroll within 30 days of effective date	Beginning of the Month
EMPLOYEES WHO EXPERIENCE A QUALIFIED LIFE EVENT	Changes must be made within 30 days of life event	As of eligibility date





# MEDICAL

**Anthem.com**  
**855.397.9267**

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

<b>POS 1000</b>	<b>In-Network</b>	<b>Out-of-Network</b>
CALENDAR YEAR DEDUCTIBLE (SINGLE/FAMILY)	\$1,000 / \$3,000	\$1,500 / \$4,500
COINSURANCE	80%	50%
ANNUAL OUT OF POCKET MAXIMUM SINGLE/FAMILY	\$7,900 / \$15,800	\$23,700 / \$47,400
<b>PHYSICIAN OFFICE VISITS</b>		
PHYSICIAN COPAY	\$40	50% After Deductible
SPECIALIST COPAY	\$60	50% After Deductible
REFERRAL FOR SPECIALIST REQUIRED	No	No
PREVENTIVE CARE	100% Covered	50% After Deductible
<b>PRESCRIPTION DRUGS</b>		
DEDUCTIBLE	Not Applicable	
TIER 1	\$25	
TIER 2	\$50	
TIER 3	\$75	
TIER 4	25% Coinsurance to \$350	
<b>OUTPATIENT SERVICES</b>		
OUTPATIENT SURGERY	\$350 copay + 20% after Deductible	50% After Deductible
OUTPATIENT SERVICES - FREE STANDING SURGICAL CENTER	\$150 Copay + 20% Coinsurance	50% After Deductible
URGENT CARE	\$75 Copay	50% After Deductible
<b>HOSPITAL</b>		
INPATIENT FACILITY SERVICES	\$500 copay per admission + 20% After Deductible	50% After Deductible
INPATIENT PHYSICIAN SERVICES	20% After Deductible	50% After Deductible
EMERGENCY ROOM (COPAY WAIVED IF ADMITTED)	\$500 Copay + 20% Coinsurance	\$500 Copay + 20% Coinsurance

<b>MONTHLY RATES</b>	<b>Without Vision</b>	<b>With Vision</b>
EMPLOYEE ONLY	\$1,285.47	\$1,291.47
EMPLOYEE + SPOUSE	\$2,939.30	\$2,949.80
EMPLOYEE + CHILD(REN)	\$2,724.30	\$2,735.71
FAMILY	\$4,378.06	\$4,395.47

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

**POS 3000**

	In-Network	Out-of-Network
CALENDAR YEAR DEDUCTIBLE (SINGLE/FAMILY)	\$3,000 / \$9,000	\$9,000 / \$27,000
COINSURANCE	70%	50%
ANNUAL OUT OF POCKET MAXIMUM SINGLE/FAMILY	\$9,100/\$18,200	\$23,700 / \$47,400
<b>PHYSICIAN OFFICE VISITS</b>		
PHYSICIAN COPAY	\$40	50% After Deductible
SPECIALIST COPAY	\$70	50% After Deductible
REFERRAL FOR SPECIALIST REQUIRED	No	No
PREVENTIVE CARE	100% Covered	50% After Deductible
<b>PRESCRIPTION DRUGS</b>	<b>Preferred Network</b>	<b>In/Out-of-Network</b>
DEDUCTIBLE	\$500 Individual / \$1,000 Family (T2-T4)	
TIER 1	\$15 Copay/\$30 Copay	\$25 Copay/\$40 Copay
TIER 2	\$55 Copay After RX Deductible	\$65 Copay After RX Deductible
TIER 3	\$100 Copay After RX Deductible	\$110 Copay After RX Deductible
TIER 4	25% Coinsurance After RX Deductible up to a \$450 Max	35% Coinsurance After RX Deductible up to a \$550 Max
<b>OUTPATIENT SERVICES</b>		
OUTPATIENT SURGERY	\$300 copay + 30% coinsurance	50% After Deductible
OUTPATIENT SERVICES - FREE STANDING SURGICAL CENTER	\$200 Copay + 30% Coinsurance	50% After Deductible
URGENT CARE	\$75 Copay	50% After Deductible
<b>HOSPITAL</b>		
INPATIENT FACILITY SERVICES	\$500 Copay per Admission + 30% After Deductible	50% After Deductible
INPATIENT PHYSICIAN SERVICES	30% After Deductible	50% After Deductible
EMERGENCY ROOM (COPAY WAIVED IF ADMITTED)	\$500 Copay + 30% Coinsurance	\$500 Copay + 30% Coinsurance

**MONTHLY RATES**

	Without Vision	With Vision
EMPLOYEE ONLY	\$945.21	\$951.21
EMPLOYEE + SPOUSE	\$2,156.67	\$2,167.17
EMPLOYEE + CHILD(REN)	\$1,999.19	\$2,010.60
FAMILY	\$3,210.62	\$3,228.03

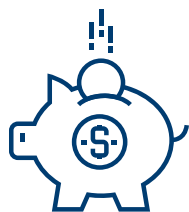
Please note: Your plan offers out-of-network benefits; however, benefits are reduced when care is provided out-of-network. The chart above is a brief summary of your medical benefits and does not include all the details about benefit plan features and rules. For details and the terms of your medical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

<b>POS HDHP (HSA COMPATIBLE)</b>	<b>In-Network</b>	<b>Out-of-Network</b>
CALENDAR YEAR DEDUCTIBLE (SINGLE/FAMILY)	\$5,000 / \$10,000	\$15,000/\$30,000
COINSURANCE	70%	50%
ANNUAL OUT OF POCKET MAXIMUM SINGLE/FAMILY	\$7,500/\$15,000	\$21,150/\$42,300
<b>PHYSICIAN OFFICE VISITS</b>		
PHYSICIAN COPAY	\$35 After Deductible	50% After Deductible
SPECIALIST COPAY	\$60 After Deductible	50% After Deductible
REFERRAL FOR SPECIALIST REQUIRED	No	No
PREVENTIVE CARE	100% Covered	50% After Deductible
<b>PRESCRIPTION DRUGS</b>		
DEDUCTIBLE	Subject Medical Deductible	
TIER 1	\$30 Copay After Deductible	
TIER 2	\$55 Copay After Deductible	
TIER 3	\$85 Copay After Deductible	
TIER 4	25% After Deductible up to \$350 Max	
<b>OUTPATIENT SERVICES</b>		
OUTPATIENT SURGERY	30% After Deductible	50% After Deductible
URGENT CARE	\$75 After Deductible	50% After Deductible
<b>HOSPITAL</b>		
INPATIENT FACILITY SERVICES	30% After Deductible	50% After Deductible
INPATIENT PHYSICIAN SERVICES	30% After Deductible	50% After Deductible
EMERGENCY ROOM	30% After Deductible	30% After Deductible

<b>MONTHLY RATES</b>	<b>Without Vision</b>	<b>With Vision</b>
EMPLOYEE ONLY	\$872.26	\$878.26
EMPLOYEE + SPOUSE	\$1,988.88	\$1,999.37
EMPLOYEE + CHILD(REN)	\$1,843.73	\$1,855.14
FAMILY	\$2,960.29	\$2,977.70

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





# HOW TO BE A SMART CONSUMER

## IngenioRx

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

## Member Services

855.397.9267

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

## Cost Estimator

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

## Sydney Health Mobile App

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



## LiveHealth Online

Anthem provides access to telemedicine through **LiveHealth Online**.

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

**LiveHealth Online**  
**LiveHealthOnline.com**  
**844.784.8409**



# HEALTH SAVINGS ACCOUNT (HSA)

## Available to participants in the POS HDHP Plan.

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

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

### OTHER HSA ADVANTAGES



You can use the account to pay for qualified healthcare expenses.



Unspent dollars roll over each year and are yours to keep if you retire or leave the company.



You can invest your HSA funds, so your available healthcare dollars can grow over time.

#### You are eligible if:

You are enrolled in the HDHP Plan

You are not covered by a spouse's plan

No one else can claim you as a dependent

You are not enrolled in Medicare, TRICARE or TRICARE for Life

You have not received VA benefits in the past 3 months



## Setting Up an HSA

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

## How Much Can Be Deposited into an HSA in 2023?

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- Up to \$3,850 for individual
  - Up to \$7,750 for family
- \*Not enrolled in Medicare

The maximum contribution increases by \$1,000

\*Not enrolled in Medicare

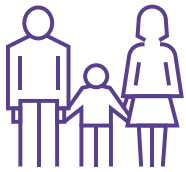
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# ADDITIONAL BENEFITS

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





# LIFE AND VISION INSURANCE

**Anthem.com**  
**855.397.9267**

## Life Insurance

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







Insurance Coverage	Benefit
BASIC LIFE	\$10,000

## Vision

Our voluntary vision care benefits include coverage for eye exams, lenses and frames, contact lenses, and discounts for laser surgery. The vision plan is built around the Blue View Vision Network Providers, who have higher benefits at a lower cost to you. When you need services, consider using an in-network provider for the most bang for your buck! When you use an out-of-network provider, you will be reimbursed for services according to the grid below. To locate an in-network provider, visit [www.anthem.com/individual-and-family/vision-insurance/](http://www.anthem.com/individual-and-family/vision-insurance/).

	In-Network	Out-of-Network
EXAMINATION (EVERY 12 MONTHS)	\$10 copay, then covered in full	\$48 allowance
LENSES (EVERY 12 MONTHS)		
SINGLE	\$20 copay, then covered in full	\$36 allowance
BIFOCAL	\$20 copay, then covered in full	\$54 allowance
TRIFOCAL	\$20 copay, then covered in full	\$69 allowance
FRAMES (EVERY 12 MONTHS)		
NEW FRAMES	\$130 allowance, then 20% off any remaining balance	\$64 allowance
CONTACT LENSES (EVERY 12 MONTHS)		
ELECTIVE	\$130 allowance, then 15% off any remaining balance	\$105 allowance
MEDICALLY NECESSARY	Covered in full	\$210 allowance

# ANTHEM RESOURCES

Benefit	Description	Contact information	Who pays?
 <p data-bbox="159 747 367 814">Sydney Health App</p>	<p data-bbox="417 390 849 531">Anthem’s Sydney Health App puts everything you need to know about your medical, pharmacy, dental, and vision benefits in one place. It is available on both the App Store and Google Play.</p> <p data-bbox="417 548 829 630">With Sydney Health you can: Unlimited access to Master’s-level counselors by phone 24/7.</p> <ul data-bbox="417 657 849 1056" style="list-style-type: none"> <li>• Find in-network providers that match your needs</li> <li>• Check the cost of care</li> <li>• View claims</li> <li>• View and use your digital ID cards</li> <li>• Chat directly with a representative</li> <li>• Find health and wellness programs</li> <li>• Create a plan to help meet your health goals</li> <li>• Sync your fitness tracker (and earn points!)</li> </ul>	 	<p data-bbox="1235 709 1390 735">Employer Paid</p>
 <p data-bbox="185 1419 341 1486">LiveHealth Online</p>	<p data-bbox="417 1071 824 1211">LiveHealth Online, available online and through the LiveHealth Online mobile app, gives you access to doctors and mental health professionals from the comfort of your own home.</p> <p data-bbox="417 1228 844 1398">While there is an associated cost for video visits, it is usually less than \$60 to see a doctor! Visits with a mental health professional like a board-certified psychiatrist cost about the same as they would in person.</p> <p data-bbox="417 1415 760 1440">Perks of using LiveHealth Online</p> <ul data-bbox="417 1467 849 1686" style="list-style-type: none"> <li>• 24/7 access to board-certified doctors</li> <li>• Ability to schedule appointments with licensed therapists, 8AM to 8PM, 7 days a week</li> <li>• Access to a board-certified psychiatrist within two weeks</li> </ul>	<p data-bbox="867 1247 1211 1360">To get started, visit <a href="http://livehealthonline.com">livehealthonline.com</a> or download the app from the App Store or Google Play.</p> <p data-bbox="867 1377 1167 1430">To see a Spanish speaking doctor, see Culdado Medico.</p>  	<p data-bbox="1235 1352 1417 1404">Discounted rates available</p>



# We make healthcare easier



Health Advocate offers a unique level of healthcare, insurance and well-being support to help you reach your best health. Our experts will do the work to ensure that you get the right information and assistance at the right time. Our services are completely confidential and available to you, your spouse, dependents, parents and parents-in-law at no cost.

### Connect to all your benefits through a single toll-free number

- We can answer questions about your entire benefits package
- If you need to reach a specific benefit, we can connect you right away

### Support for every type of medical condition

- Explain health conditions, diagnoses and treatments; research treatment options
- Answer questions so you can make the right choices for your care

### Coordinate medical care and services

- Facilitate any necessary pre-authorizations and coordinate benefits
- Research and arrange second opinions; transfer medical records

### Take the hassle out of healthcare

- Find the right in-network doctors and make appointments
- Review medical bills to find errors or duplicate charges; resolve claims and billing issues



866.799.2731

Email: [answers@HealthAdvocate.com](mailto:answers@HealthAdvocate.com)



Web: [HealthAdvocate.com/members](http://HealthAdvocate.com/members)



## HealthAdvocate<sup>SM</sup>

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# FREQUENTLY ASKED QUESTIONS

## Answers to commonly asked questions about 2023 GDA Group Health Plans:

- **Who is GDAs group plan healthcare provider?**

Anthem Blue Cross Blue Shield.

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

All plans are Open Access Point of Service plans. This means you have in-network and out-of-network coverage and a referral from your Primary Care Provider (PCP) is not required to visit a specialist.

- **Is this a broad provider network plan?**

All of our GDA group health plans have broad networks. This means you have thousands more choices of providers over a narrow network and are much more likely to work with providers, labs, and specialists within your network – reducing the likelihood of surprise charges.

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

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

- **Are the premiums age banded?**

No! You are not rated based on your age as you would be on an individual plan.

- **Are there any health questions?**

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

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

Visit our website at [www.gdaplus.com/health](http://www.gdaplus.com/health) and click on the Find a Provider link. Members not currently enrolled should select “Use Member ID for Basic Search” and enter “XKT” and answer the prompts.

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

Yes, employees can call us at **770-395-0224**.

Member dentists and employees should complete the enrollment form and fax to **404.634.6099** or e-mail it to [christy@gadental.org](mailto:christy@gadental.org).

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

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

- **How is billing handled?**

The GDA will email or mail one bill to each office on or about the 25th of every month for the following month's premium(s); payment is due by the 5th of the month that is covered by the premium. If a practice offers employee coverage, staff premiums can be paid directly to GDA Health and Welfare Plan by either the dentist or employees. Yes, that means that the dentist does not have to set up payroll deductions for the employees.

**Yes, we can also bill the employee directly!**

- **How is payment handled?**

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





# GLOSSARY OF TERMS

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

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

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

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

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

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

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

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



# CONTACTS

## Medical plan

Anthem

Member services: **855.397.9267**

Technical support: **866.755.2680 (Option 1)**

General website: [Anthem.com](http://Anthem.com)

## Prescription services

Mail-order pharmacy: **833.267.2133**

Website: [anthem.com/ms/pharmacyinformation/home.html](http://anthem.com/ms/pharmacyinformation/home.html)

## Blue View Vision

Anthem

Customer service: **866.723.0515**

Website: [Anthem.com](http://Anthem.com)

## HIPAA Form

<https://www.anthem.com/docs/gpp/22940MUMENABS.pdf>

## Life

Anthem

Customer service: **800.552.2137**

Website: [Anthem.com](http://Anthem.com)

## Georgia Dental Association

Phone: **770.395.0224**

Email: [christy@gadental.org](mailto:christy@gadental.org)

Website: [gdaplus.com](http://gdaplus.com)

Annual notices are available here:  
[gdaplus.com/health](http://gdaplus.com/health)

GDA Website



### Support Line

Anthem Member Services  
**855.397.9267**

General Website  
[gdaplus.com](http://gdaplus.com)





## All changes must be made by November 30!

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

