



myEVHC.com

WELCOME

GET THE MOST OUT OF YOUR BENEFITS

2025



Alexander

Questions? Call EVHC at 877-877-3496



Need Help?



Visit myEVHC.com

Register for personalized information about your plan.



Call Toll-Free

If you don't have computer access and need answers, call the number on your health plan ID card.



Mobile App

Download the free app from the Apple or Google Play app store.

Changing the landscape of employer-based health plans

Welcome! Thank you for being an EVHC member. We understand that managing health plan benefits and controlling costs can be complicated. That's why we offer a member website and a dedicated team ready to help you understand your coverage, treatment options, and more. We hope this guide helps make your health care experience easier. Contact us if you need help.

GETTING STARTED

Who is EVHC?



EVHC is your medical plan. To verify benefits or check the status of a claim, you will need to contact EVHC by calling the number on your ID card.

Member ID Card

- Member ID and Group Number
- Your Co-payment Amounts
- Prescription Coverage

Network Access

When seeking care, your EVHC plan utilizes the Anthem network of providers and facilities. Log into your account at myEVHC.com to locate in-network providers.

Anthem 		ABC Company
First Name, Last Name		For detailed benefit information including Deductible and Out-of-Pocket Maximums, please visit your Member Services website.
Member ID: ABC12345678E		
Group #: LH Group #: Plan Code: RxBIN: RxPCN: RxGRP:		INN Ded Indv/Fam OON Ded Indv/Fam INN OOP Max Indv/Fam OON OOP Max Indv/Fam Copays Office Visit Specialist Rx Retail Gen/Preff/Brand Rx Mail Gen/Preff/Brand
<small>ABC Company has hired Luminaire Health Benefits to handle member contact for health plan administration. See back for contact information.</small>		

Your Member ID Card

Get to know your health plan ID card. It has information about you and your coverage. Remember to carry it with you wherever you go. When you visit your provider or pharmacy, show your card so they now how to bill for their services.


Log on to myEVHC.com for complete plan details. View health plan documents like your policy, riders, amendments, required notices and welcome materials.

Questions? Call EVHC at 877-877-3496

myEVHC.com

MEMBER PORTAL

These days, people do their banking, pay bills and shop for just about anything online. It's secure, fast, easy and convenient. At EVHC, we believe accessing information about your health plan and managing your accounts should be no different. That's why we provide myEVHC.com, a personal online portal with access to detailed claims data, out-of-pocket expense tracking, dedicated customer support, and much more.



Welcome to myEVHC!

Sign in to myEVHC

Username

Password

SUBMIT

[Forgot your password?](#)
[Forgot your username?](#)

Register

I am a Participant
Find a doctor, check claim status, manage your health and more.
CREATE YOUR ACCOUNT

I am an Employer/Client
Manage employee coverage and eligibility, view claims and view reports.
CREATE YOUR ACCOUNT

I am a Broker
Keep tabs on your clients' plan and access reports.
CREATE YOUR ACCOUNT

I am a Provider
Check the status of your patients' claims and confirm their eligibility history.
CREATE YOUR ACCOUNT

For access to your health plan information, you must register first for the member portal - myEVHC.com

- Coverage and Claims
- Account Balances
- Deductibles and OOP Maximums
- Online Message Center
- View your ID Card
- Explanation of Benefits
- Find Network Doctors and Facilities
- And more...

TO REGISTER: Visit myEVHC.com and click on "I am a Participant, Create My Account" - you'll need your ID Card, Social Security number, and date of birth.

Download the Mobile App

Stay connected while you're on the go. Our mobile app lets you stay in control from anywhere. You can download our app for free from the App Store from Apple or Google Play. Just search for myEVHC Mobile.



Prepare for Your Visit

In addition to the items above, be prepared to discuss any current health issues with your doctor. Get involved and be an active participant in your healthcare. Bring a list of questions you may have for your provider so you don't forget.



ID CARD

Remember to bring your health plan ID card and one form of picture ID, such as a driver's license to every doctor's visit.



MEDICATION

Supply your provider with a current list of any medications you're taking and discuss any new prescriptions.



RECORDS

When visiting a new doctor's office for the first time, it's a good idea to bring any files you have on hand from previous providers.

Know Where to Go

When to use:

Cost: \$

- Allergies
- Bladder infections
- Bronchitis
- Cough/cold
- Diarrhea
- Fever
- Pinkeye
- Rashes
- Seasonal flu
- Sinus problems
- Sore throat
- Stomachaches

When to use:

Cost: \$\$

- Checkups
- Preventive services
- Minor skin conditions
- Vaccinations
- General health managements

When to use:

Cost: \$\$\$

- Sprains and strains
- Small cuts that require stitches
- Minor burns
- Minor infections
- Minor broken bones

When to use:

Cost: \$\$\$\$

- Heavy bleeding
- Large wounds
- Change in vision
- Chest pain
- Sudden weakness/trouble speaking
- Major burns
- Spinal injuries
- Severe head injury
- Breathing difficulty
- Major broken bones

Virtual Visits

See a doctor using your smartphone, tablet or computer. You can even get prescriptions sent to your local pharmacy. Copay or coinsurance may apply and registration is required.

Primary Care Physician

Your PCP has access to your health records and provides preventive care, treats chronic conditions, manages medications and can steer you to a specialist if your plan requires a referral.

Urgent/Convenient Care

When you need care quickly but it's not an emergency, urgent and/or convenient care centers can treat issues that aren't life-threatening.

Emergency Room

The emergency room is for life-threatening or very serious conditions that require immediate care. You may call 911 or local emergency number.

Cost and time information represent average only and are not tied to a specific condition, level of coverage or treatment. Your out-of-pocket costs will vary based on your plan details.

Understanding Your **PHARMACY BENEFITS**

Log on to myEVHC.com or www.carelonrx.com for more information about your pharmacy benefits. If you still have questions, call the member pharmacy number on your ID card.

With the CarelonRx app on your smartphone or tablet, you can refill prescriptions, track your prescription history, compare medication pricing and options, search your prescription drug list (PDL) and more.



Filling Prescriptions

Members can fill prescriptions in-person at the pharmacy with your EVHC ID card or, get your medications delivered directly to your door with flexible mail order options..

Save money on maintenance medications. Order up to a three-month supply of medications you take regularly

Learn More:

www.myEVHC.com or,
www.carelonrx.com

Managing Your Pharmacy Benefits

- Your EVHC Healthcare plan's pharmacy benefits are managed by CarelonRx
- Log on to myEVHC.com and click "My Links" to access your portal, or log on to www.carelonrx.com to register
- Manage your benefits on-the-go, download the CarelonRx mobile app

Using Your Pharmacy Benefits

1. **Transfer Current Medications**

When you switch to a new plan, coverage for prescriptions you're already taking may change. Get information on how to continue to get your current medication or how to switch to a lower-cost alternative. The CarelonRx mobile app can also tell you if your medications are covered.

2. **Check Your Prescription Drug List (PDL)**

Your PDL is a list of covered medication. The list is broken into sections called tiers. Choosing medications in lower tiers may save you money. Check your PDL often.

3. **Talk To Your Doctor**

When you talk with your doctor, use the CarelonRx app to confirm coverage and costs. You can also talk about what you need to do to get your medication.

4. **Consider Generic Drugs**

Generic medications usually have a lower copay than brand-name medications. Ask your doctor if there's a generic option for you.

5. **Compare Prices**

Search for lower-cost alternatives by logging into the CarelonRx app.

Know Your Plan

Your plan may require one or more of the following before you can fill your prescription:

- **Prior Authorization:** approval to get a medication
- **Step Therapy:** trying one medication before another
- **Quantity limits:** getting a certain amount of each prescription

NOW THAT YOU'VE RECEIVED CARE

Explanation of Benefits (EOB)

We'll send you a copy of your Explanation of Benefits when you or one of your covered dependents use your health plan. You can see all claims processed for that period, plus your network and out-of-network balances and deductible information.

If you receive your Explanation of Benefits online, you'll get an email whenever a new EOB is posted. You can view your information and activity securely, at myEVHC.com.

Sample Explanation of Benefits

The items appearing on the explanation of benefits (EOB) sample are for reference only. This sample shows claims and benefits for a family of five. Each family member's claims are shown separately.

EVHC
145 W. Oxford Street
2nd Floor
Baltimore, MD 21202

Questions? Toll-Free: 1-800-311-3842
Website: www.EVHC.com

Contact us: 54321
Month DD, YYYY

Sally Sample
123 Main Street
Anytown USA 12345

ABC Company
Group Number: 54321
Print Date: Month DD, YYYY

Consolidated Family Explanation of Benefits
This is not a Bill

Page 1 of 2

Patient's Name Type of Service	Service Date(s)	Bill Charge	Discount Amount	Other Adjustment	Other Plan Payment	Patient Responsibility Deductible	Co-Pay	Out-of-Pocket	Out-of-Pocket Limit	Plan Paid AL	Reason Code
Patient #1 Name											
Claim # 00015454299 Pat. Acc. # 1018881 Provider: Mainstreet Medical Group Network: Sample Network											
DISCRETE PROC	MMDDYYYY	10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00	0001
Totals:		10.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	10.00	00
Patient Responsibility: 0.00											
Patient #2 Name											
Claim # 00025454299 Pat. Acc. # 102											
Provider: ABC Medical Center Network: Hospital Network											
ANCILLARY EXPENSE	MMDDYYYY	75.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75.00	00
Totals:		75.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75.00	00
Patient Responsibility: 75.00											
Patient #3 Name											
Claim # 00035454299 Pat. Acc. # 103											
Provider: ABC Hospital Network: Hospital Network											
ANCILLARY EXPENSE	MMDDYYYY	2,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,000.00	00
Totals:		2,000.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	2,000.00	00
Patient Responsibility: 2,000.00											
Patient #4 Name											
Claim # 00045454299 Pat. Acc. # 104											
Provider: Mainstreet Medical Group Network: Sample Network											
PHYSICIAN VISIT	MMDDYYYY	50.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	50.00	00
MISC SUPPLY	MMDDYYYY	75.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	75.00	00
Totals:		125.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	125.00	00
Patient Responsibility: 125.00											
Patient #5 Name											
Claim # 00055454299 Pat. Acc. # 105											
Provider: ABC Medical Center Network: Hospital Network											
ANCILLARY EXPENSE	MMDDYYYY	250.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	250.00	00
Totals:		250.00	0.00	0.00	0.00	0.00	0.00	0.00	0.00	250.00	00
Patient Responsibility: 250.00											

Page 1 of EOB

What's in your EOB?

- **Member and Group Information:** Your unique member and group information provides security. Be sure to check this information is correct.
- **Service Date(s):** This is the date you received service from your provider or medical facility.
- **What You May Owe:** The amount you need to pay your healthcare provider if you didn't pay at the time of services and the portion that's applied to your deductible.
- **Statement Period:** Your Explanation of benefits statement during a specific period of time. Check all dates for accuracy.

Questions? Call EVHC at 877-877-3496

Medical Benefits

	PPO \$2,000 - *New plan name - PPO I		PPO HSA \$5,000 - *New plan name - PPO HSA II	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
MEDICAL DEDUCTIBLE & MAX OF POCKET				
Deductible (Ded)	\$2,000/Individual \$4,000/Family	\$6,000/Individual \$12,000/Family	\$5,000/Individual \$10,000/Family	\$15,000/Individual \$30,000/Family
Coinsurance (Paid by Plan)	80%	60%	80%	50%
Out-Of-Pocket Maximum (Includes Deductible, Coinsurance & Copays)	\$5,000/Individual \$10,000/Family	\$15,000/Individual \$30,000/Family	\$7,500/Individual \$15,000/Family	\$22,500/Individual \$45,000/Family
WELLNESS/PREVENTIVE (Routine Care)				
Physical Examinations	Covered in full	Ded then 60%	Covered in full	Ded then 50%
Well Child Care (Including Immunizations)	Covered in full	Ded then 60%	Covered in full	Ded then 50%
Diagnostic X-Ray & Laboratory	Covered in full	Ded then 60%	Covered in full	Ded then 50%
PHYSICIAN'S OFFICE VISITS				
Primary Care (Includes Lab & Xray)	\$20 Copay	Ded then 60%	Ded then 80%	Ded then 50%
Specialist Office (Includes Lab & Xray)	\$40 Copay	Ded then 60%	Ded then 80%	Ded then 50%
DIAGNOSTIC X-RAY & LABORATORY				
Physicians Office (without office visit)	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 50%
Specialist Office (without office visit)	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 50%
Labs				
Non-Hospital/Freestanding Facility	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 50%
Hospital (Facility Based)	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 50%
Xray				
Non-Hospital/Freestanding Facility	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 50%
Hospital (Facility Based)	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 50%
Advance Imaging Services				
Non-Hospital/Freestanding Facility	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 50%
Hospital (Facility Based)	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 50%
HOSPITAL BENEFITS				
In-Patient	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 50%
Out-Patient Hospital	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 50%
Ambulatory Surgical Center	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 50%
Emergency Room (Waived If Admitted) *Non-emergent visits not covered	Ded then \$150 Copay + 80% coinsurance	Same as In-Network	Ded then 80%	Same as In-Network
Urgent Care Facility	\$20 Copay	Ded then 60%	Ded then 80%	Ded then 50%
Retail Clinic	\$20 Copay	Ded then 60%	Ded then 80%	Ded then 50%
SURGICAL BENEFITS				
In-Patient	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 50%
Out-Patient	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 50%
ADDITIONAL MEDICAL BENEFITS				
Chiropractic Services (30 visits per benefit period)	\$20 Copay	Ded then 60%	Ded then 80%	Ded then 50%
Ambulance	Ded then 80%	Same as In-Network	Ded then 80%	Same as In-Network
Durable Equipment & Supplies	Ded then 80%	Ded then 60%	Ded then 80%	Ded then 50%
PRESCRIPTION DRUG CARD				
RX Deductible	N/A		Combined with Medical Deductible	
RX Out of Pocket Max	Combined with Medical Out of Pocket		Combined with Medical Out of Pocket	
Retail Pharmacy Copay	\$5 Tier 1a / \$20 Tier 1b Generic \$40 Preferred \$60 Non-Preferred 30% up to \$250 Specialty		\$5 Tier 1a / \$15 Tier 1b Generic \$40 Preferred \$60 Non-Preferred 30% up to \$250 Specialty	
Mail Order Copay	2.5 times Retail Copay for 90 day supply		2.5 times Retail Copay for 90 day supply	

*Generic copays are 2x retail copay for 90 day supply

*Generic copays are 2x retail copay for 90 day supply

	HMO \$5,900 - *New plan name - EPO I		HMO \$1,500 - *New plan name - EPO II	
	IN-NETWORK	OUT-OF-NETWORK	IN-NETWORK	OUT-OF-NETWORK
MEDICAL DEDUCTIBLE & MAX OF POCKET				
Deductible (Ded)	\$5,900/Individual \$11,800/Family	N/A N/A	\$1,500/Individual \$3,000/Family	N/A N/A
Coinsurance (Paid by Plan)	70%	N/A	70%	N/A
Out-Of-Pocket Maximum (Includes Deductible, Coinsurance & Copays)	\$6,400/Individual \$12,800/Family	N/A N/A	\$6,400/Individual \$12,800/Family	N/A N/A
WELLNESS/PREVENTIVE (Routine Care)				
Physical Examinations	Covered in full	N/A	Covered in full	N/A
Well Child Care (Including Immunizations)	Covered in full	N/A	Covered in full	N/A
Diagnostic X-Ray & Laboratory	Covered in full	N/A	Covered in full	N/A
PHYSICIAN'S OFFICE VISITS				
Primary Care (Includes Lab & Xray)	\$35 Copay	N/A	\$25 Copay	N/A
Specialist Office (Includes Lab & Xray)	\$70 Copay	N/A	\$50 Copay	N/A
DIAGNOSTIC X-RAY & LABORATORY				
Physicians Office (without office visit)	Covered in full	N/A	Covered in full	N/A
Specialist Office (without office visit)	Covered in full	N/A	Covered in full	N/A
Labs				
Non-Hospital/Freestanding Facility	Covered in full	N/A	Covered in full	N/A
Hospital (Facility Based)	Ded then 70%	N/A	Ded then 70%	N/A
Xray				
Non-Hospital/Freestanding Facility	Covered in full	N/A	Covered in full	N/A
Hospital (Facility Based)	Ded then 70%	N/A	Ded then 70%	N/A
Advance Imaging Services				
Non-Hospital/Freestanding Facility	\$100 Copay	N/A	\$100 Copay	N/A
Hospital (Facility Based)	\$100 Copay	N/A	\$100 Copay	N/A
HOSPITAL BENEFITS				
In-Patient	Ded then 70%	N/A	Ded then 70%	N/A
Out-Patient Hospital	Ded then 70%	N/A	Ded then 70%	N/A
Ambulatory Surgical Center	Ded then 70%	N/A	Ded then 70%	N/A
Emergency Room (Waived If Admitted) *Non-emergent visits not covered	Ded then \$250 Copay + 70%	Same as In-Network	Ded then \$250 Copay + 70%	Same as In-Network
Urgent Care Facility	\$35 Copay	N/A	\$25 Copay	N/A
Retail Clinic	\$35 Copay	N/A	\$25 Copay	N/A
SURGICAL BENEFITS				
In-Patient	Covered in full	N/A	Covered in full	N/A
Out-Patient	Covered in full	N/A	Covered in full	N/A
ADDITIONAL MEDICAL BENEFITS				
Chiropractic Services (20 visits per benefit period)	\$35 Copay	N/A	\$25 Copay	N/A
Ambulance	\$100 Copay	Same as In-Network	\$100 Copay	Same as In-Network
Durable Equipment & Supplies	Ded then 80%	N/A	80% *Ded waived	N/A
PRESCRIPTION DRUG CARD				
RX Deductible	\$500/Individual / \$1,500/Family		\$500/Individual / \$1,500/Family	
RX Out of Pocket Max	Combined with Medical Out of Pocket		Combined with Medical Out of Pocket	
Retail Pharmacy Copay	\$5 Tier 1a / \$20 Tier 1b Generic * Ded waived \$50 Preferred \$75 Non-Preferred 30% up to \$250 Specialty		\$5 Tier 1a / \$20 Tier 1b Generic * Ded waived \$50 Preferred \$75 Non-Preferred 30% up to \$250 Specialty	
Mail Order Copay	2.5 times Retail Copay for 90 day supply		2.5 times Retail Copay for 90 day supply	

*Generic copays are 2x retail copay for 90 day supply

*Generic copays are 2x retail copay for 90 day supply



LiveHealth Online

How to register in minutes
before you feel sick

Using LiveHealth Online, you can have a private and secure video visit with a board-certified doctor 24/7 on your smartphone, tablet or computer with a webcam. It's a quick and easy way to get the care you need with no appointments or long wait times.

When your own doctor isn't available, use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, allergies, a sinus infection or other common health condition. A doctor can assess your condition, provide a treatment plan and even send a prescription to your pharmacy, if it's needed.¹



Have a video visit with a doctor or therapist at home

Using LiveHealth Online, you can have a private video visit on your smartphone, tablet or computer.



If you need care for a health issue, or support if you're feeling anxious or having trouble coping on your own, LiveHealth Online is ready to help. You can stay home and have a video visit with a board-certified doctor or licensed therapist on your smartphone, tablet or computer.

By using LiveHealth Online, you can

- **See a board-certified doctor in a few minutes with no appointment.** Doctors are available 24/7 to assess your condition and, if it's needed, they can send a prescription to your local pharmacy.¹ When your own doctor isn't available, use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, allergies, a sinus infection or another common health condition.
- **Make an appointment with a licensed therapist in four days or less.**² You can have a video visit with a therapist from home, at work or on the go — evenings and weekend appointments are available too. Appointments can be scheduled online or over the phone at **1-888-548-3432** from 7 a.m. to 7 p.m., seven days a week. You can get help for anxiety, depression, grief, panic attacks and more.

What will a visit cost?

Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs — usually \$59 or less for medical doctor visits, and a 45-minute therapy session usually costs the same as an office therapy visit.

Sign up for LiveHealth Online today — it's quick and easy

Go to livehealthonline.com or download the app and register on your phone or tablet.



How to get started

Rather than waiting to sign up when you're not feeling well, register today so you're ready for a visit when you need one. To sign up, visit livehealthonline.com or download the free LiveHealth Online app to your mobile device. Next, you:

1. Choose **Sign Up** to create your LiveHealth Online account. Then enter information like your name, email address, date of birth and create a secure password.
2. Read the *Terms of Use* and check the box to agree.
3. Choose your location in the drop-down box of states.
4. Enter your birth date and choose your gender.
5. For the question "Do you have insurance?", select **Yes**. Be sure to have your Anthem member ID card handy to complete your insurance information. If you choose **No**, you can still enter your insurance information later.
6. For **Health Plan**, in the drop-down box, select **Anthem**.
7. For **Subscriber ID**, enter your identification number, which is found on your Anthem member ID card. Select **Yes** if you are the primary subscriber or **No** if you are not the primary subscriber.
8. Insert a service key if you have one. If you don't have a service key that's OK, this is optional and not required to register.
9. Select the green **Finish** button.

Your account securely stores your personal and health information

You can be confident knowing you can easily connect with doctors when you need to consult about certain conditions, share your health history, and schedule online visits at times that fit your schedule.

How to use LiveHealth Online for a video visit with a doctor



Questions about how to use LiveHealth Online?

Call toll free at **1-888-LiveHealth (548-3432)** or email help@livehealthonline.com. If you send us an email, please include your name, email address and a phone number where we can reach you.

¹ Prescription availability is defined by physician judgment and state regulations. Visit the home page of livehealthonline.com to view the service map by state.

² Select a doctor licensed to practice in the state where you're physically located. If that doctor is seeing another patient, you can choose to go to an online waiting room or you can select another doctor who is available at that moment.

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem.

If you're a retiree or have coverage that complements your Medicare benefits, your employer sponsored health plan may not include coverage for online visits using LiveHealth Online. Check your plan documents for details. You can still use LiveHealth Online, but you may have to pay the full cost of a visit. Online visits using LiveHealth Online may not be a covered benefit for HRA and HIA+ members.

Anthem Blue Cross is the trade name of Blue Cross of California. Anthem Blue Cross and Anthem Blue Cross Life and Health Insurance Company are independent licensees of the Blue Cross Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross name and symbol are registered marks of the Blue Cross Association.

This Is **Your Year.** Make It Fit.

-  **11,900+ Gyms**
-  **9,000+ On-Demand Videos**
-  **1:1 Well-Being Coaching**

A fitness program with no annual fees and no long-term contracts. Switch gyms anytime.



Plus:

- **Membership options for your spouse¹**
- **5,600+ Premium Gym Options²** at exercise studios, outdoor experiences, and others with 20% – 70% discounts at most locations

Act Now! Monthly fees for January – March are **\$25/mo.** Price increases to **\$28/mo.** on April 1, 2023.³

Get Started: myEVHC.com

¹ Add a spouse/domestic partner to a primary membership for additional monthly fees. Spouses/domestic partners must be 18 years or older. Fees may vary based on fitness center selection.

² Costs for premium exercise studios exceed \$25/mo. and an enrollment fee will apply for each premium location selected, plus applicable taxes. Fees vary based on premium fitness studios selected.

³ Plus an enrollment fee and applicable taxes for standard gyms. Fees increase to \$28/mo. plus applicable taxes effective 4/1/23. When you enroll, you'll pay the first and second months' fee. If you enroll in March, you'll pay \$25 for March and \$28 for April at the time of purchase. Ongoing monthly fees are paid one month in advance, e.g. June membership fees will be charged in May.

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CRX International is a voluntary international mail order option. To be eligible for the CRX International program, you must be an existing member of a health insurance plan that currently has CRX International implemented as an additional option for prescription medication coverage.



FREE Brand-Name Medications



No Shipping and Handling Charges to You!



SAVINGS.

SIMPLE.

SAFE.

Who is CRX International?

With our program, you pay **\$0** in copays and your medications are shipped right to your door for **FREE**. How? Your health plan pays less for the medication and shares these savings with you.

We're the easy way for you to get prescription medications. CRX International offers hundreds of brand-name maintenance medications that you can get — **copay-free** — in just a few easy steps.

Medications are shipped direct to you from licensed and regulated pharmacies located in Canada, the United Kingdom and Australia. All medications are backed by a Quality Assurance Team of doctors and pharmacists, as well as 20-plus years of experience in the industry.

**Ready to
Start Saving?**

**ENROLL
TODAY!**

1-866-488-7874 | crxintl.com



Contact us

Member Phone

877-877-3496

Member Website

www.myEVHC.com

Headquarters

145 W. Ostend Street

Baltimore, MD 21230