

December 2023

# NEWS AND NOTES



A Periodic Publication from the East End Health Plan  
VISIT THE EAST END HEALTH PLAN WEBSITE AT [www.eehp.org](http://www.eehp.org)

## East End Health Plan Retiree Webinar

On November 30, 2023 we held a Webinar to review the East End Health Plan's Medicare Advantage Plan. Over forty (40) of our members attended this virtual event and listened to a very informative presentation by BCBS representatives, and had the opportunity to ask questions.

Members that participated in the Webinar were entered in a drawing for a FitBit Luxe, a FitBit Charge 3 and a Pickleball Set. The lucky winners are:

Thomas Rabbitt - FitBit Luxe

Rosemary Columbia - FitBit Charge 3

Linda Springer - Pickleball Set

You can access the webinar recording and the PowerPoint presentation used during the webinar on our website at [www.eehp.org](http://www.eehp.org) by clicking on [East End Health Plan Medicare Retiree Webinar](#).

Following is a list of the questions asked along with the response.

### EEHP Medicare Advantage Plan Frequently Asked Questions

**Q. Will Silver Sneakers be offered to members in 2024?**

A. Yes, Silver Sneakers will continue to be offered to members in 2024. You can access Silver Sneakers by calling Silver Sneakers at 1-855-741-4985 or online at [www.silversneakers.com](http://www.silversneakers.com) to register and obtain your Silver Sneakers 16 digit ID number.

**Q. Is Medical Massage covered by the plan and if so, who are participating in the plan?**

A. Massages are not a covered service on the plan.

**Q. Are over-the-counter Covid Tests covered by the plan?**

A. Over-the-counter Covid Tests are no longer covered; however, in office Covid tests remain covered.

**Q. When traveling internationally, what happens if you need to see a doctor, have an emergency, or medication is needed?**

A. Foreign travel is covered for emergency and urgently needed services. If care is needed, please contact Blue Cross Blue Shield Global Core at 1-800-810-Blue. Urgent and emergency services are covered for international travel. You can view in network providers online at [www.bcbsglobalcore.com](http://www.bcbsglobalcore.com); however, you do not have to see in network providers.

**Q. Does the EEHP program cover routine dental?**

A. Routine dental is not covered at this time. Please check with Frank Perry on routine dental solutions.

**Q. Is Blue View Vision plan different than Davis Vision?**

A. Blue View Vision is an Anthem company and covers routine vision exams. Davis is a non-Anthem company, please check with Frank Perry on the Davis Vision coverage

**Q. How much does the plan pay for hearing aids and how many years in between getting new ones?**

A. Hearing aids are covered, but limited to \$1500 per ear with a maximum benefit of \$3000 every 4 years when

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ordered through Hearing Care Solutions. The benefit includes digital hearing aid technology and inner ear, outer ear, and over the ear models. This benefit is administered by Hearing Care Solutions, and the device must be selected from a Hearing Care Solutions supplier for both in network and out of network providers. Any questions regarding the hearing aid benefit should be directed to Frank Perry.

**Q. What is the copay for the shingles vaccine #1 and #2?**

A. The Shingles Vaccine is covered under the Prescription Part D Coverage and covered at no cost. Your provider may offer the shingles vaccine during your office visit. You may be required to pay for the vaccine upfront, then submit a reimbursement claim to CarelonRx Pharmacy.

**Q. Is acupuncture covered?**

A. Yes, acupuncture is covered.

**Q. Is medical equipment covered? (Ex., walkers or braces)**

A. Yes, Durable Medical Equipment is covered under the plan with a \$0 copay. Covered items include, but are not limited to: wheelchairs, crutches, powered mattress systems, diabetic supplies, continuous blood glucose monitors, hospital bed ordered by a provider for use at home, IV infusion pumps, speech generating devices, oxygen equipment, nebulizers, and walkers. The rental period for oxygen equipment and oxygen is 36 months. For the remaining 24 months you will be responsible for the oxygen. After the five-year period, the cost-sharing responsibility for both oxygen supplies and oxygen resumes.

**Q. Is PCR test covered?**

A. Yes.

**Q. How do I seek reimbursement for necessary items that were prescribed and bought?**

A. Reimbursement is based on Medicare allowable amount for covered items. In network providers are required to submit the claim on your behalf. If an out of network provider will not submit a claim for payment, you can submit a reimbursement form. Rates are determined when the claim is billed as there are many factors that go into how the rate is calculated.

**Q. Is there a website for Hearing Care Solutions to check hearing aid brands?**

A. It is best to call Hearing Care Solutions at 1-855-312-2545 for a list of locations and covered brands.

**Q. Are chiropractic services covered?**

A. Yes, Medicare covered chiropractic services cover only the manual manipulation of the spine to correct subluxation. The plan does have supplemental chiropractic services that include chiropractic services, not covered by Medicare, rendered by a physician to treat a disease, illness or injury. The benefits include: Diagnostic services, other than diagnostic scanning, when provided during an initial examination or reexamination; Adjustments; Radiological x-rays and laboratory tests; and Medically necessary therapy when provided in conjunction with the visit specifically for spinal or joint adjustment.

**Q. Are the flu shots covered?**

A. Yes, flu shots are covered at \$0 copay.

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**Q. Are batteries for hearings aid covered?**

A. Yes, Members receive a free battery supply during the first three years with a 64-cell limit per year, per hearing aid.

**Q. Is bloodwork covered?**

A. Yes, \$0 copay for each Medicare-covered clinical/diagnostic lab test.

**Q. Can I go to my cataract surgeon and my retinologist on the same day?**

A. Yes, the plan doesn't limit the amount of Doctor visits you can have on a given day.

**Q. Is there an advantage to having our medical Providers In-Network even if they accept Medicare?**

A. When you see an In-Network Provider, they have a contract with Anthem BCBS and they must abide by the contract terms as well as Medicare Guidelines. Out-Of-Network Providers, who do not have a contract with Anthem BCBS, only adhere to Medicare Guidelines.

**Q. So you are saying that I can go to an Out-Of-Network doctor and THEY have to submit the claim if they accept Medicare. If they say they won't submit the claim, then we will have to pay and then submit the claim and wait for reimbursement from BCBS?**

A. An Out-Of-Network Provider is not required to submit a claim to BCBS. If they will not submit a claim, you will be responsible for paying them and then submitting a paper claim on your own behalf. You will only receive reimbursement if the doctor accepts Medicare and/or Medicare Assignment. The reimbursement is based on the Medicare allowed amount minus any cost share, if it applies. The Provider must accept what Medicare allows and cannot balance bill you for the difference. If the Provider does not accept Medicare, or Medicare Assignment, you will not be reimbursed.

**Q. Are you going to email the Frequently Asked Questions (FAQ's) document?**

A. Yes, the PowerPoint, FAQ's and link to the webinar recording will be posted on the East End Health Plan website at [www.eehp.org](http://www.eehp.org).

**Q. Do I ever have to show my Medicare card?**

A. No, you will not use your Medicare Card. You will only present your Anthem Medicare Preferred (PPO) card.

**Q. Can we just go back to regular Medicare?**

A. All EEHP members must enroll in Medicare Part B when they become eligible and in the EEHP Medicare Advantage Plan. You can disenroll from the EEHP Medicare Advantage Plan at any time, going back to original Medicare but, you will no longer be a member of the EEHP. You may not be able to enroll in another supplemental plan until the open enrollment period for the following year.

**Q. Are there any dental benefits or discounts through the Anthem Medicare Preferred (PPO)?**

Dental coverage is limited to Medicare Guidelines. Non-routine dental care services are covered and are limited to surgery of the jaw or related structures, setting fractures of the jaw or facial bones, extraction of teeth to prepare the jaw for radiation treatments of neoplastic cancer disease, or services that would be covered when provided by a physician. There is a discount program offered for aligners for teeth straightening. There is no coverage or discount for routine

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dental services under the Anthem Medicare Preferred (PPO) plan.

For your information, if you do not have any dental coverage, the EEHP does offer, on a voluntary basis, a Discount Dental Program. For additional information, please visit the EEHP website at [www.eehp.org](http://www.eehp.org), under "News & Notes".

**Q. As the primary holder, when I die, how long will my spouse be covered before they have to get new coverage?**

A. Coverage continues for the surviving spouse for two months, not to exceed 3 months, after the member passes away at no cost. After that, the surviving spouse can continue coverage under the EEHP and must pay the full monthly premium.

**Q. Often a doctor's office will ask you what your primary health insurance and your secondary insurance is.**

A. If you have no other health insurance plan, you will only present the Anthem Medicare Preferred (PPO) card, which is considered your primary health insurance coverage (you are enrolled in Medicare, but assign the rights to Anthem to pay). The EEHP Medicare Advantage Plan includes everything Medicare covers and more.

**Q. How are you defining what a clinical episode is?**

A. A clinical episode is any situation where a member needs the Anthem BCBS clinical team to assist them with their medical care. Members can call customer service, (833) 848-8730, to be connected to a Case Manager to discuss the clinical support needed.

**Q. Do the services apply to medical supply stores?**

A. Yes. If the supply store accepts Medicare and/or Medicare Assignment, and the supplies are covered by Medicare.

**Q. My wife and I have always been able to cover each other. Does that benefit still carry forth with this coverage.**

A. Per Medicare Guidelines you are only able to have one Medicare Plan. So, if both of your insurance plans are Medicare Advantage Plan's or a Medicare Supplement, you will not be able to carry each other. Please contact Frank Perry at (631) 472-3969 if you have further questions.

**Q. Are these programs accepted outside of New York, like Florida?**

A. This Plan is a nationwide Plan and provides in and out of network coverage across the US. Anthem BCBS has partnerships with BCBS plans across the country and those provider networks are considered in-network for the East End Health Plan Medicare Advantage Plan.

**Q. Will you re-instate the gym reimbursement membership program (not SilverSneakers® as some gyms do not participate)**

A. The gym reimbursement program is not available to EEHP members at this time. All Medicare Advantage Plan members receive free membership in the SilverSneakers® program.

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**Q. International travel. I do get travel insurance when I go overseas. Does this plan provide coverage for travel outside the US?**

A. International travel is covered when emergency or urgent care is needed while traveling outside the United States, or its territories, during a temporary absence of less than six months. Members can call customer service at (833) 848-8730 to verify the process for claim payment.

**Q. Also, with medication. If I will be in another country for over 4 months, can I get enough medication while I am in another country to last me until I return home?**

A. Members can request a vacation fill, up to 90 days. If medications beyond 90 days are needed, then the physician will need to call CarelonRx to request an override. The CarelonRx phone number is (833) 360-3662 and can also be found on the back of your ID card.

**Q. Is Quest the lab that is fully covered for blood work? Also, if I am in another state and need blood work, can I use another lab that is available in that state?**

A. Most Quest Labs are in-network. Members can check lab participation status on [www.anthem.com](http://www.anthem.com), click on the "Find Care" tab at the top of the page and follow the prompts. Yes, you can use another lab as long as they accept Medicare and/or Medicare Assignment.

**Q. Will the Plan pay for a rapid COVID test done at a walk-in clinic such as CityMD or Cutchogue Urgent care?**

A. Yes. Tests to diagnose or aid the diagnosis of COVID-19 are covered in a doctor's office..

**Q. Can I fill my 90-day supply at my participating pharmacy?**

A. Yes. You can obtain a 90-day supply at a retail pharmacy and pay the normal Mail Order co-pay. Specialty medications are limited to a 30-day supply.

**Q. I have had problems with blood work sent to Quest Diagnostics. Since Spring 2020 I continue to receive invoices for blood tests requiring me to contact one of your representatives to contact Quest to straighten this out and tell them my plan has no copay. Blood tests run monthly, and this has been a real inconvenience. Your reps have been great though.**

A. Blood tests provided by Quest Labs are a covered benefit. We continue to work with providers who submit the lab orders to Quest Labs to educate them on Medicare guidelines. If you receive a bill from Quest Labs, e-mail a copy to Frank Perry at [fperry@eehp.org](mailto:fperry@eehp.org).

**Q. My question concerns Orthotics. One year ago, last December, I got a pair of Orthotics for my athletic shoes, my first new Orthotics in more than ten years. At that time, I was told my plan provided me one pair of Orthotics each calendar year. I called to confirm eligibility for my next pair of Orthotics for a different style of shoe, dress shoes, and was told I do not have an Orthotic benefit on my insurance.**

A. Orthotic devices are covered under the Plan if they fall under the Center for Medicare Services (CMS) Guidelines for Prosthetics and Orthotics. Please provide a copy of the claim or invoice via email, with dates of service, to Frank Perry.

**Q. What is the coverage for Orthotics on our Plan?**

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A. Devices (other than dental) that replace all or a body part or function are a covered benefit. These include, but are not limited to, colostomy bags and supplies directly related to colostomy care, pacemakers, braces, prosthetic shoes, artificial limbs, and breast prostheses (including a surgical brassiere after a mastectomy). Orthotic shoes and inserts are only covered when connected to a brace or if needed because of Diabetes. Wigs are covered as well for patients with chemotherapy induced Alopecia.

**Q. Do we have a booklet with all this information?**

A. When you first enrolled in the EEHP Medicare Advantage Plan you received a pre-enrollment kit that included the details of the Plan. If you need another copy, please call customer service at (833) 848-8730 to have one mailed to you or e-mail your request to Frank Perry at [fperry@eehp.org](mailto:fperry@eehp.org).

**Q. Upon first visit, we have found that several offices are not only confused but negative when they hear Medicare Advantage. Eventually we have been able to clarify the benefits through the customer service number. So, going forward what is the best way for us to initially describe the plan?**

A. Inform your Provider that your primary coverage is the Anthem Medicare Preferred (PPO) plan. Anthem BCBS handles all your Medicare benefits and you can instruct Providers to call Anthem if they have questions regarding the Plan benefits. If you still experience issues, contact Frank Perry.

**Q. What is the Anthem Blue EEHP website address?**

A. The website is [www.anthem.com/mcr/eehp](http://www.anthem.com/mcr/eehp) or you can visit the East End Health Plan website at [www.eehp.org](http://www.eehp.org).

**Q. My doctor after many years is no longer accepting my insurance. If I pay out of pocket for his services, will I be fully reimbursed?**

A. If the Doctor still accepts Medicare and/or Medicare Assignment you will be reimbursed the Medicare allowed amount for Medicare covered services. You should not be balanced billed for the difference from a doctor who accepts Medicare and/or Medicare Assignment. If your Doctor does not accept Medicare and/or Medicare Assignment, we will not be able to reimburse you.

**Q. Who do we contact with a question or complaint?**

A. You can contact the customer service phone number on the back of your ID card (833) 848-8730, they can assist you with any questions or complaints you may have. As an alternative, you can contact Frank Perry at [fperry@eehp.org](mailto:fperry@eehp.org).

**Q. Does the plan pay for a prescribed arm sling after surgery?**

A. No. This plan follows Medicare Guidelines. Arm slings are not a Medicare covered item.

**Q. If the Doctor is not a participating Provider and does not accept Medicare, do we get any reimbursement?**

A. If your Provider does not accept Anthem BCBS and does not accept Medicare and/or Medicare Assignment, we are unable to reimburse for the services rendered.

**Q. Who is responsible for getting the pre-approval/authorization for tests and other procedures, the member or Doctor? How far in advance should I make sure the pre-approval is received?**

A. Your Doctor must obtain the prior authorization/approval if one is needed. Authorizations could take anywhere from 3 to 14 days, dependent on all needed medical documentation is submitted by the Provider. For urgent situations, your



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provider can submit an urgent request and it will be expedited for review within 24-72 hours. Once your doctor determines a test or procedure is necessary, the request should be started well in advance of scheduling the procedure or office visit. If you have any issues or questions, contact Frank Perry.

**Q. Do I still have access to Davis Vision for my vision benefits?**

A. Yes, your Davis Vision benefits still apply. For further information, please visit the Davis Vision website at [www.davisvision.com](http://www.davisvision.com) or call (800) 999-5431.

**Q. If my Provider is not in the BCBS network can he balance bill me over the Medicare allowed fee?**

A. No. If the Provider accepts Medicare and/or Medicare Assignment and submits a claim to BCBS, they cannot charge you over what the Medicare benefit allows.

**Q. When I fill out the forms at the doctor's office, do I put Medicare Advantage as my primary insurance?**

A. You indicate Anthem Medicare Preferred (PPO). The network is Medicare Blue.

**Q. When asked what health insurance, do I say Anthem Medicare Preferred (PPO) with Senior Rx Plus or Anthem Blue Cross Blue Shield?**

A: Anthem Medicare Preferred (PPO) for any medical services. The network is called Medicare Blue.

**Q. Can I add my new spouse to my plan? She is on another NYSTRS plan?**

A: To be eligible for this plan you must have Medicare Part A and Part B. Contact Frank Perry regarding any enrollment eligibility questions.

**Q. Silver Sneakers accepted at Planet Fitness and LA Fitness; I think?**

A: You can call Silver Sneakers at 1-888-423-4632 or view participating gyms at [www.silversneakers.com](http://www.silversneakers.com).

**Q. Where do I find the list of Evidence of Coverage?**

A: The Evidence of Coverage can be located online at <https://www.anthem.com/mcr/eehp>. You can register your personalized account at [www.anthem.com](http://www.anthem.com) or download the Sydney Health app on your smartphone or tablet. If you prefer a hard copy, you can call Member Services to have one mailed to you.

**Q. Please clarify if vitamins covered?**

A: Some Vitamins are covered under the Extra Covered Drugs benefit; you will need a prescription from your doctor and fill it at the pharmacy. If you have questions, please call Member Services for a list of covered extra drugs.

**Q. How many states are enrolled?**

A: Anthem's network and CMS-defined geographic service area include all 50 States and American territories: Washington D.C., Puerto Rico, Guam, U.S. Virgin Islands, American Samoa, and Northern Mariana Islands.

**Q. If my doctor is a participant plan with old plan name, will they automatically be in Anthem Blue Cross and Blue Shield plan, or does doctor need to reapply to be in plan with new name?**

A: There is no need for the doctor to reapply if they have a current contract that will continue.

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**Q. What is Blue View Vision? Do I need a separate insurance card for the vision?**

A: Blue View Vision handles the routine vision portion of your plan and they are part of the Anthem Family. You do not need a separate vision ID card to utilize this benefit.

**Q. How do you apply for home delivery for RX?**

A: You can contact CarelonRx for mail order - the number is on the back of your ID card, or you can enroll in your portal on [anthem.com](http://anthem.com) or Sydney Health App.

**Q. Is there a booklet that Anthem provides with all this information as well as list of participants of doctors?**

A: The Evidence of Coverage and a Provider Directory can be ordered via Member Services (phone number on the back of your ID card). You can also view your benefits and find care online at [www.anthem.com](http://www.anthem.com) or the Sydney Health App.

**Q. What is the 24/7 Nurse Line number?**

A: The Nurse Line phone number is on the back of your ID card, 1-800-700-9184. With 24/7 Nurse Line, you can reach a registered nurse who can help you assess symptoms, advise the right care setting, understand a condition and course of treatment, address questions about prescriptions or over-the-counter medications, and educate you on the right care in the right setting.

**Q. How long does it take for Anthem to respond to an appeal?**

A: Pre-service appeals may take up to 72 hours and your provider may submit on your behalf. A standard appeal may take up to 60 days for a decision.

**Q. Is Anthem BBB accredited?? Is Anthem the same as Elevance Health?**

A: Anthem is under the Elevance Health Umbrella. Anthem is accredited with CMS as a 4 star plan.

**Q. What efforts are being made to get orthopedic doctors at HSS in network? How do we schedule appointments and surgery with them. Do we pay up front and get reimbursed?**

A: If a provider is out of network, they may not be willing to submit a claim to Anthem. If they will not submit a claim on your behalf, you can pay the Medicare allowable at the time of your visit and submit to Anthem for reimbursement.

**Q. Is Anthem going to try and get them in network?**

A: Anthem is always working with providers who would like to be In Network.

**Q. It has been reported in the news that Medicare will no longer pay for breast ultrasounds. Will Anthem pay for breast ultrasounds, and will they require pre-authorization for breast ultrasounds?**

A: Breast ultrasound coverage is based on CMS guidelines and medical necessity. Mammograms are a covered benefit.

**Q. Will the presentation slides be available?**

A: Yes, the presentation will be added to the EEHP website along with the FAQ. EEHP website. [www.eehp.org](http://www.eehp.org).



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**Q. If I am getting a speciality drug for \$45 a month, can I get the 90 days supply for \$90?**

A: Specialty drugs are limited to a 30-day supply. You can discuss your medications with CarelonRx by calling the number on the back of your card.

**Q. What is the raffle drawing for?**

A: The drawing is for attending the meeting and the prizes include 2 Fitbits and a Pickleball set.

**Q. Do you still get \$3000 without going to hearing solutions?**

A: Hearing aids must be ordered through Hearing Care Solutions and selected from the list of top brands. Hearing Care Solutions will send the device directly to your provider if they are contracted with Hearing Care Solutions. If hearing aids are not ordered through Hearing Care Solutions, they will not be covered. You can call Hearing Care Solutions at 1-855-312-2545 to locate an in-network provider. Contact Frank Perry with any questions or issues.

**Q. Can you discuss mental health coverage?**

A: You can review your mental health coverage in the Evidence of Coverage or call Member Services. You can also register online at [www.livehealthonline.com](http://www.livehealthonline.com) for no cost virtual visits with licensed therapists, psychologists, and psychiatrists. Great news in 2024! Medicare now recognizes Licensed Marriage and Family Therapists (LMFT) as covered providers for mental health services.

**Q. I will begin Medicare in February and currently I use Proact thru EEHP. Will that switch automatically to CarelonRx?**

A: Once enrolled into the EEHP Medicare Advantage Plan, your coverage will switch to CarelonRx. You will need your doctors to submit all prescriptions to CarelonRx.

**Q. How do we find out which hearing aids are offered?**

A: You can contact Hearing Care Solutions at 855-312-2545 to discuss the covered hearing aids. Hearing Care Solutions handles the Hearing Aid benefit, and it is required that the devices are provided through their vendors for coverage to apply.

**Q. How do I find out about how much the plan cost?**

A: To discuss premium cost, please contact Frank Perry.

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<b>EEHP MEDICARE ADVANTAGE PLAN RESOURCE GUIDE</b>	
<b>NEED HELP WITH ...</b>	<b>HELP IS HERE ↓</b>
Claim Processing Support	(833) 848-8730
Clinical Support Team	(833) 848-8730, ask for a Case Manager
Complaints	(833) 848-8730 or Email: <a href="mailto:fperry@eehp.org">fperry@eehp.org</a>
Davis Vision	(800) 999-5431 or <a href="http://www.davisvision.com">www.davisvision.com</a>
Dental Discount Program	<a href="http://www.eehp.org">www.eehp.org</a> , click on "News & Notes"
East End Health Plan Medicare Advantage Plan Booklet Request	(833) 848-8730 or Email: <a href="mailto:fperry@eehp.org">fperry@eehp.org</a> <a href="http://www.anthem.com">www.anthem.com</a> or <a href="http://www.anthem.com/mcr/eehp">www.anthem.com/mcr/eehp</a>
East End Health Plan Website	<a href="http://www.eehp.org">www.eehp.org</a>
Anthem BlueCross/BlueShield Customer Service	(833) 848-8730
Anthem BlueCross/BlueShield EEHP Website	<a href="http://www.anthem.com/mcr/eehp">www.anthem.com/mcr/eehp</a>
CarelonRx	(833) 360-3662
International Travel Questions	(800) 810-2583
Orthotic Claims/Invoices	Email: <a href="mailto:fperry@eehp.org">fperry@eehp.org</a>
Questions/Concerns	(833) 848-8730 or Email: <a href="mailto:fperry@eehp.org">fperry@eehp.org</a> <a href="tel:631-687-3140">EEHP Office - 631-687-3140</a>
Quest Lab Invoices Received	Email: <a href="mailto:fperry@eehp.org">fperry@eehp.org</a> or (833) 848-8730
Quest Lab Participants	<a href="http://www.anthem.com">www.anthem.com</a>
Shingles Vaccination Claim	Submit to: CarelonRX  Claims Department P.O. Box 52065 Phoenix, AZ 85072-2065