Anthem

Choosing and using your plan

Your guide to open enrollment and making the most of your benefits

Judevine Center for Autism
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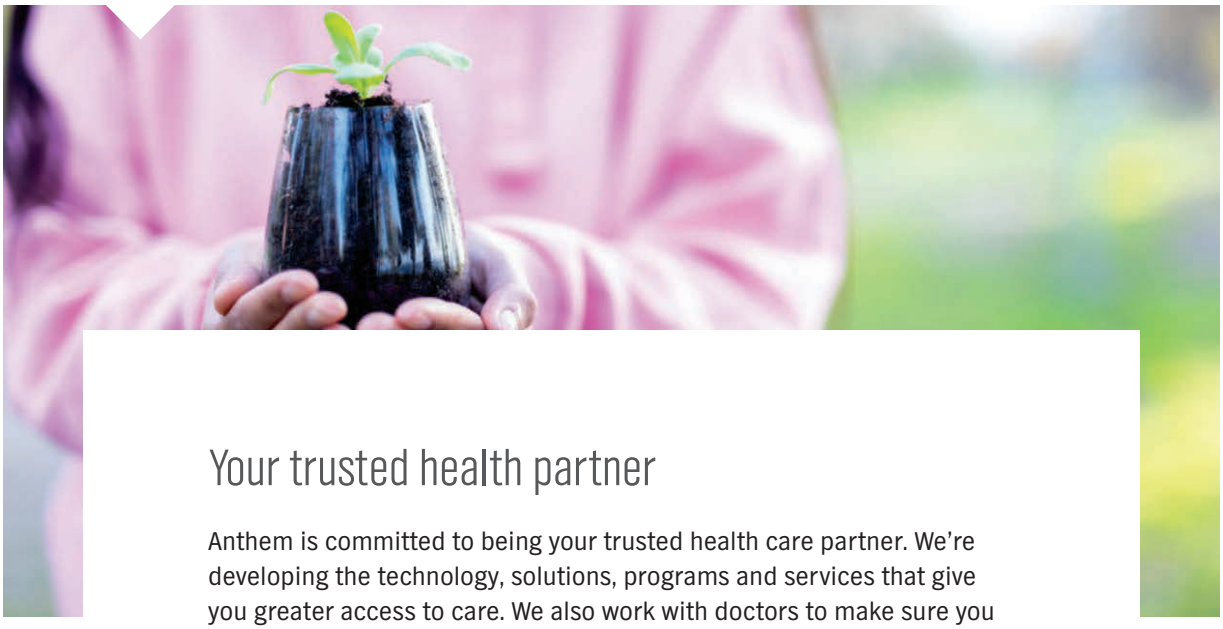
This guide is for information purposes only. You must enroll in a plan for your benefits to start.

It’s time to choose your plan



Your trusted health partner

Anthem is committed to being your trusted health care partner. We’re developing the technology, solutions, programs and services that give you greater access to care. We also work with doctors to make sure you get affordable, quality health care.

Save this guide

You’ll find tips on how to make the most of your benefits and save on health care costs throughout the year.

It's time to choose your plan

Let's get started

This is the perfect time to think about your health — where you are right now and where you want to be tomorrow. It's your opportunity to check out the benefits, programs and resources that can support your health and well-being all year long.

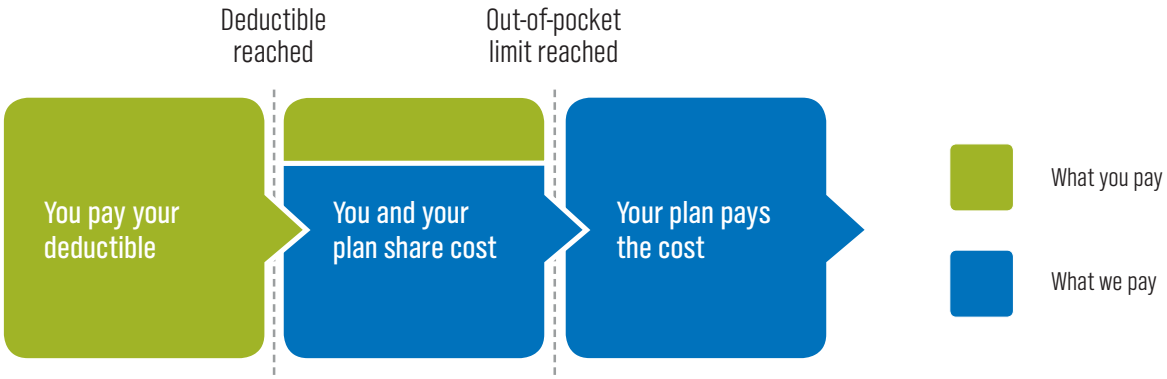
This guide will help you understand our plans. It's also full of tips, tools and resources that can help you reach your health and wellness goals when you become a member. So keep it handy to make the most of your benefits throughout the year.

Table of contents

The basics explained

Before we dive into the plan details, it may be helpful to review some health benefit basics.

What you pay and what your plan pays



This chart is only an example. Your actual cost share will depend on your plan, the service you get and the doctor you choose. Check your plan details to see your actual share of the cost.

Words that are helpful to know

We can help you crack the code of health insurance lingo. Here are the meanings of some common terms:

Deductible:
A set amount you pay each year for covered services before your plan starts to pay for covered health care costs.

Copay:
A flat fee you pay for covered services like doctor visits.

Coinsurance:
Once you've met your deductible, you and your health plan share the cost of covered health care services. The coinsurance is your share of the costs, usually a percent of the cost of care. Your plan details show what portion of the cost you'll pay.

Out-of-pocket limit:
This is the most you have to pay out of your own pocket each year for covered services. This amount may include your deductible and your percentage of the costs, depending on your plan. And some plans may still have you pay a copay at the time of service.

Premium:
The premium, also called a monthly payment, is what you pay for the plan. It's the money that comes out of your paycheck. Think of it like a membership fee that's separate from what you pay when you get care.

Explore your plan options

Here's the part where you get to look at the plans and find the one that fits. What works best for you and your family?

BPS Opt 15 w/Rx Opt E5 (Narrow Network)

With a Preferred Provider Organization (PPO), you can go to almost any doctor or hospital and you're covered — giving you more choices and flexibility. You get special rates for doctors in your plan, which lowers your out-of-pocket costs.

- You can choose a primary care provider (PCP) from the plan for preventive care, like checkups and screenings.
- You don't need to have a PCP to see a specialist.
- When you want to see a specialist, like an orthopedic doctor or a cardiologist, you don't need to visit your PCP first to get a referral. This can save you time and a copay.
- You'll pay less if you use doctors who are part of the PPO.
- You can see providers who aren't part of the PPO, but you'll pay more.
- Once you pay your deductible, you'll pay a percentage of the total cost (also called coinsurance) anytime you get care for a covered service. Your plan will cover the rest.

BAC Opt 15 w/Rx Opt E5 (Broad Network)

With a Preferred Provider Organization (PPO), you can go to almost any doctor or hospital and you're covered — giving you more choices and flexibility. You get special rates for doctors in your plan, which lowers your out-of-pocket costs.

- You can choose a primary care provider (PCP) from the plan for preventive care, like checkups and screenings.
- You don't need to have a PCP to see a specialist.
- When you want to see a specialist, like an orthopedic doctor or a cardiologist, you don't need to visit your PCP first to get a referral. This can save you time and a copay.
- You'll pay less if you use doctors who are part of the PPO.
- You can see providers who aren't part of the PPO, but you'll pay more.
- Once you pay your deductible, you'll pay a percentage of the total cost (also called coinsurance) anytime you get care for a covered service. Your plan will cover the rest.

How to pick a plan — the 4 Cs

- **Consider** your personal situation. Have your health care needs changed? Do you go to the doctor more often now? Are you taking a special prescription drug? Expecting a baby? You'll want to look for benefits that fit these needs.
- **Compare** all the costs, including your monthly payment, deductible, coinsurance, copay and out-of-pocket limit.
- **Check** to see if your doctors, hospitals and other health care professionals are covered by the plan.
- **Choose** the right plan for your needs.

Explore your plan options

BPS HSA (w/Copay) Opt E3 w/Rx Opt C4 (Narrow Network)

With a Preferred Provider Organization (PPO), you can go to almost any doctor or hospital and you're covered — giving you more choices and flexibility. You get special rates for doctors in your plan, which lowers your out-of-pocket costs.

- You can choose a primary care provider (PCP) from the plan for preventive care, like checkups and screenings.
- You don't need to have a PCP to see a specialist.
- When you want to see a specialist, like an orthopedic doctor or a cardiologist, you don't need to visit your PCP first to get a referral. This can save you time and a copay.
- You'll pay less if you use doctors who are part of the PPO.
- You can see providers who aren't part of the PPO, but you'll pay more.
- Once you pay your deductible, you'll pay a percentage of the total cost (also called coinsurance) anytime you get care for a covered service. Your plan will cover the rest.

BAC HSA (w/Copay) Opt E3 w/Rx Opt C4 (Broad Network)

With a Preferred Provider Organization (PPO), you can go to almost any doctor or hospital and you're covered — giving you more choices and flexibility. You get special rates for doctors in your plan, which lowers your out-of-pocket costs.

- You can choose a primary care provider (PCP) from the plan for preventive care, like checkups and screenings.
- You don't need to have a PCP to see a specialist.
- When you want to see a specialist, like an orthopedic doctor or a cardiologist, you don't need to visit your PCP first to get a referral. This can save you time and a copay.
- You'll pay less if you use doctors who are part of the PPO.
- You can see providers who aren't part of the PPO, but you'll pay more.
- Once you pay your deductible, you'll pay a percentage of the total cost (also called coinsurance) anytime you get care for a covered service. Your plan will cover the rest.

What you'll pay when you get care

An overview of your plan costs

Understanding how your plan works, what it covers and what your costs might look like can help you choose the best fit and avoid surprises down the road.*

	BAC Opt 15 w/Rx Opt E5 PPO		BAC Opt 15 w/Rx Opt E5 PPO	
	Doctors in the plan	Doctors out of the plan	Doctors in the plan	Doctors out of the plan
Deductible				
Individual	$5,000	$15,000	$5,000	$15,000
Family	$10,000	$30,000	$10,000	$30,000
Office visits	$30-PCP (no ded)	30% coinsurance (after	$30-PCP (no ded)	30% coinsurance (after
Doctor/specialist	$60-Specialist (no ded)	ded)	$60-Specialist (no ded)	ded)
Out-of-pocket limit				
Individual	$7,900	$23,700	$7,900	$23,700
Family	$15,800	$47,400	$15,800	$47,400
Pharmacy				
Retail	$15/$40/$80/25% up to $350/Rx (no ded)	50% coinsurance (no ded)	$15/$40/$80/25% up to $350/Rx (no ded)	50% coinsurance (no ded)
Home Delivery	$38/$120/$240/25% upto $350/Rx (no ded)	Not Covered	$38/$120/$240/25% upto $350/Rx (no ded)	Not Covered
Helpful information	• INN Urgent Care: $75 copay/visit (no ded) • INN/OON ER-Facility: $300 copay/visit (aft ded)		• INN Urgent Care: $75 copay/visit (no ded) • INN/OON ER-Facility: $300 copay/visit (aft ded)	

Find out what preventive care you need

Go to anthem.com/preventive-care.

What you'll pay when you get care

An overview of your plan costs

	BPS HSA (w/Copay) Opt E3 w/Rx Opt C4 PPO		BAC HSA (w/Copay) Opt E3 w/Rx Opt C4 PPO	
	Doctors in the plan	Doctors out of the plan	Doctors in the plan	Doctors out of the plan
Deductible				
Individual	$5,000	$15,000	$5,000	$15,000
Family	$10,000	$30,000	$10,000	$30,000
Office visits Doctor/specialist	$25-PCP (aft ded) $50-Specialist (aft ded)	30% coinsurance (after ded)	$25-PCP (aft ded) $50-Specialist (aft ded)	30% coinsurance (after ded)
Out-of-pocket limit				
Individual	$6,900	$20,700	$6,900	$20,700
Family	$13,800	$41,400	$13,800	$41,400
Pharmacy				
Retail	$15/$40/$80/25% up to $350/Rx (aft ded)	50% coinsurance (aft ded)	$15/$40/$80/25% up to $350/Rx (aft ded)	50% coinsurance (aft ded)
Home Delivery	$38/$120/$240/25% upto $350/Rx (aft ded)	Not Covered	$38/$120/$240/25% upto $350/Rx (aft ded)	Not Covered
Helpful information	∘ INN Urgent Care: $75 copay/visit (aft ded) ∘ INN/OON ER-Facility: $300 copay/visit (aft ded)		∘ INN Urgent Care: $75 copay/visit (aft ded) ∘ INN/OON ER-Facility: $300 copay/visit (aft ded)	

* This information is a general description of your benefits; it is not a contract and does not replace your Summary of Benefits. For a full disclosure of all benefits, exclusions and limitations, refer to your Summary of Benefits.

Your summary of benefits

Anthem® BlueCross and BlueShield

Your Plan: Anthem Blue Preferred Select Option 15 with Rx Option E5 (Narrow Network)

Your Network: Blue Preferred (Narrow Network)

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible *See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.*	$5,000 person / $10,000 family	$15,000 person / $30,000 family
Out-of-Pocket Limit *When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.*	$7,900 person / $15,800 family	$23,700 person / $47,400 family
Preventive care/screening/immunization *In-network preventive care is not subject to deductible, if your plan has a deductible.*	No charge	30% coinsurance after deductible is met
Doctor Home and Office Services		
Primary Care Visit to treat an injury or illness *When Allergy injections are billed separately by network providers, the member is responsible for a $10 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.*	$30 copay per visit deductible does not apply	30% coinsurance after deductible is met
Specialist Care Visit *When Allergy injections are billed separately by network providers, the member is responsible for a $10 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.*	$60 copay per visit deductible does not apply	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Prenatal and Post-natal Care *In-Network preventive prenatal services are covered at 100%.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Other Practitioner Visits:		
Retail Health Clinic	$30 copay per visit deductible does not apply	30% coinsurance after deductible is met
Preferred On-line Visit *Includes Mental/Behavioral Health and Substance Abuse*	$10 copay per visit deductible does not apply	30% coinsurance after deductible is met
Other Participating Provider On-line Visit *Includes Mental/Behavioral Health and Substance Abuse*	$30 copay per visit deductible does not apply	30% coinsurance after deductible is met
Manipulation Therapy *Coverage is limited to 26 visits per benefit period. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.*	50% coinsurance deductible does not apply	Not covered
Other Services in an Office:		
Allergy Testing	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Chemo/Radiation Therapy Performed by a Primary Care Physician	$30 copay per visit deductible does not apply	30% coinsurance after deductible is met
Chemo/Radiation Therapy Performed by a Specialist	$60 copay per visit deductible does not apply	30% coinsurance after deductible is met
Dialysis/Hemodialysis	$60 copay per visit deductible does not apply	30% coinsurance after deductible is met
Prescription Drugs *For the drugs itself dispensed in the office through infusion/injection.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Diagnostic Services		
Lab:		
Office	No charge	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
X-Ray:		
Office	No charge	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans):		
Office	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding Radiology Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Emergency and Urgent Care		
Urgent Care *When Allergy injections are billed separately by network providers, the member is responsible for a $10 copay. When billed as part of an office visit, there is no additional cost to the member for the injection. The urgent care office visit cost share applies to both office and facility based urgent care providers.*	$75 copay per visit deductible does not apply	30% coinsurance after deductible is met
Emergency Room Facility Services *Copay waived if admitted.*	$300 copay per visit after deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	0% coinsurance after deductible is met	Covered as In-Network
Emergency Room Mental/Behavioral Health and Substance Abuse Doctor Services	$30 copay per visit after deductible is met	Covered as In-Network
Ambulance (Air, Ground, and Water) *Non-emergency non-network Ambulance Services are limited to $50,000 per occurrence.*	0% coinsurance after deductible is met	Covered as In-Network
Outpatient Mental/Behavioral Health and Substance Abuse		
Doctor Office Visit	$30 copay per visit deductible does not apply	30% coinsurance after deductible is met
Facility visit:		
Facility Fees	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Doctor Services	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Surgery		
Facility Fees:		
Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding Surgical Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Doctor and Other Services:		
Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding Surgical Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Hospital Stay (all inpatient stays including Maternity, Mental / Behavioral Health, and Substance Abuse)		
Facility fees (for example, room & board) *Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period. Limit is combined In-Network and Non-Network. Benefit includes coverage for Outpatient Rehabilitation program.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Human Organ and Tissue Transplants *Acquisition and transplant procedures, collection and storage. Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Doctor and other services	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Recovery & Rehabilitation **Home Health Care** *Coverage is limited to 100 visits per benefit period. Limit is combined In-Network and Non-Network. Limits are combined for home health care and private duty nursing.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Rehabilitation services (for example, physical/speech/occupational therapy): Office *Coverage for Occupational Rehabilitation services is limited to 20 visits per benefit period. Coverage for Physical Rehabilitation and Manipulation Therapy Services is limited to 20 visits per benefit period. Limit excludes manipulation therapy y a Chiropractor. Limit is combined In-network and Non-Network across professional and outpatient visits.*	$30 copay per visit deductible does not apply	30% coinsurance after deductible is met
Outpatient Hospital *Coverage for Occupational Rehabilitation services is limited to 20 visits per benefit period. Coverage for Physical Rehabilitation and Manipulation Therapy Services is limited to 20 visits per benefit period. Limit excludes manipulation therapy y a Chiropractor. Limit is combined In-network and Non-Network across professional and outpatient visits.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Cardiac rehabilitation Office *Coverage is limited to 36 visits per benefit period. Limit is combined In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.*	$60 copay per visit deductible does not apply	30% coinsurance after deductible is met
Outpatient Hospital *Coverage is limited to 36 visits per benefit period. Limit is combined In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Pulmonary rehabilitation		

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Office *Coverage is limited to 20 visits per benefit period. Limit is combined In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.*	$60 copay per visit deductible does not apply	30% coinsurance after deductible is met
Outpatient Hospital *Coverage is limited to 20 visits per benefit period. Limit is combined In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Skilled Nursing Care (in a facility) *Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period. Limit is combined In-Network and Non-Network. Benefit includes coverage for Outpatient Rehabilitation program.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Hospice	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Durable Medical Equipment	50% coinsurance after deductible is met	50% coinsurance after deductible is met
Prosthetic Devices *Coverage for wigs after cancer treatment is limited to 1 item per benefit period. Coverage for wigs needed after cancer treatment is limited to 1 item per benefit period. Limit is combined In-Network and Non-Network. Applies to In-Network.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	Not applicable	Not applicable
Pharmacy Out of Pocket	Combined with medical out of pocket maximum	Combined with medical out of pocket maximum
Prescription Drug Coverage *Essential Drug List* *This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies.*		
Tier 1 - Typically Generic *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.*	$15 copay per prescription, deductible does not apply (retail) and $38 copay per prescription, deductible does not apply (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.*	$40 copay per prescription, deductible does not apply (retail) and $120 copay per prescription, deductible does not apply (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.*	$80 copay per prescription, deductible does not apply (retail) and $240 copay per prescription, deductible does not	50% coinsurance (retail) and Not covered (home delivery)

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
	apply (home delivery)	
Tier 4 - Typically Specialty (brand and generic) *Covers up to a 30 day supply (retail pharmacy). Covers up to a 30 day supply (home delivery program). No coverage for non-formulary drugs.*	25% coinsurance up to $350 per prescription, deductible does not apply (retail and home delivery)	50% coinsurance (retail) and Not covered (home delivery)

Your summary of benefits

Notes:

- The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.
- Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent age: to end of the month in which the child attains age 26.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- Certain diabetic and asthmatic supplies are available at Network pharmacies, diabetic test strips paid same as any other drug.
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.
- Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).
- If office visit is a coinsurance, the coinsurance also applies to allergy injections.
- No Copayment or Coinsurance applies to certain diabetic and asthmatic supplies when you get them from an In-Network Pharmacy. These supplies are covered as Medical Supplies and Durable Medical Equipment if you get them from an Out-of-Network Pharmacy. Diabetic test strips are covered subject to applicable Prescription Drug Copayment / Coinsurance. Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.
- DME-Deductible/50% coinsurance for Durable Medical Equipment, Medical Supplies, Orthotics, Asthma Supplies, and Phenylketonuria (PKU). Excludes Prosthetics, Wigs, Diabetic Supplies, Cochlear Implants and Mastectomy prosthesis which will apply the plan's cost shares.
- Hospital stay for Maternity Coverage will not be limited to less than 48 hours for a vaginal delivery or 96 hours for a caesarean section.
- The Rx option includes the Essential formulary which is a closed drug list with a focus on therapeutic efficacy and cost effectiveness.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice. Specialist (SCP) copayment is applicable to all Specialists (excludes: General

Physicians, Internists, Pediatricians, OB/Gyns, Geriatrics, Physical Therapy, Occupational Therapy or any other Network provider as allowed by the plan).

- Immunization through age 5 – No Cost Share up to the maximum allowable amount (Network/Non-Network).
- Benefits are limited to abortions performed to preserve the life of the female upon whom the abortion is performed. Elective abortions are not a Covered Service.
- Urgent Care Facility Copay exclude certain diagnostic test such as MRAs, MRIs, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, Allergy Testing, and Pharmaceutical injection and drugs.
- If you get Covered Services from a Physical Therapist or Occupational Therapist, you will not have to pay an office visit or outpatient Facility Copayment or Coinsurance that is higher than what you would pay for a Primary Care Physician office visit.

Your summary of benefits

Anthem® BlueCross and BlueShield

Your Plan: Anthem Blue Access Choice PPO Option 15 with Rx Option E5 (Broad Network)

Your Network: Blue Access Choice (Broad Network)

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

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Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible *See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.*	$5,000 person / $10,000 family	$15,000 person / $30,000 family
Out-of-Pocket Limit *When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.*	$7,900 person / $15,800 family	$23,700 person / $47,400 family
Preventive care/screening/immunization *In-network preventive care is not subject to deductible, if your plan has a deductible.*	No charge	30% coinsurance after deductible is met
Doctor Home and Office Services		
Primary Care Visit to treat an injury or illness *When Allergy injections are billed separately by network providers, the member is responsible for a $10 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.*	$30 copay per visit deductible does not apply	30% coinsurance after deductible is met
Specialist Care Visit *When Allergy injections are billed separately by network providers, the member is responsible for a $10 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.*	$60 copay per visit deductible does not apply	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Prenatal and Post-natal Care *In-Network preventive prenatal services are covered at 100%.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Other Practitioner Visits:		
Retail Health Clinic	$30 copay per visit deductible does not apply	30% coinsurance after deductible is met
Preferred On-line Visit *Includes Mental/Behavioral Health and Substance Abuse*	$10 copay per visit deductible does not apply	30% coinsurance after deductible is met
Other Participating Provider On-line Visit *Includes Mental/Behavioral Health and Substance Abuse*	$30 copay per visit deductible does not apply	30% coinsurance after deductible is met
Manipulation Therapy *Coverage is limited to 26 visits per benefit period. Applies to In-Network. Visit limits are combined both across outpatient and other professional visits.*	50% coinsurance deductible does not apply	Not covered
Other Services in an Office:		
Allergy Testing	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Chemo/Radiation Therapy Performed by a Primary Care Physician	$30 copay per visit deductible does not apply	30% coinsurance after deductible is met
Chemo/Radiation Therapy Performed by a Specialist	$60 copay per visit deductible does not apply	30% coinsurance after deductible is met
Dialysis/Hemodialysis	$60 copay per visit deductible does not apply	30% coinsurance after deductible is met
Prescription Drugs *For the drugs itself dispensed in the office through infusion/injection.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Diagnostic Services		
Lab:		
Office	No charge	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
X-Ray:		
Office	No charge	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans):		
Office	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding Radiology Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Emergency and Urgent Care		
Urgent Care *When Allergy injections are billed separately by network providers, the member is responsible for a $10 copay. When billed as part of an office visit, there is no additional cost to the member for the injection. The urgent care office visit cost share applies to both office and facility based urgent care providers.*	$75 copay per visit deductible does not apply	30% coinsurance after deductible is met
Emergency Room Facility Services *Copay waived if admitted.*	$300 copay per visit after deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	0% coinsurance after deductible is met	Covered as In-Network
Emergency Room Mental/Behavioral Health and Substance Abuse Doctor Services	$30 copay per visit after deductible is met	Covered as In-Network
Ambulance (Air, Ground, and Water) *Non-emergency non-network Ambulance Services are limited to $50,000 per occurrence.*	0% coinsurance after deductible is met	Covered as In-Network
Outpatient Mental/Behavioral Health and Substance Abuse		
Doctor Office Visit	$30 copay per visit deductible does not apply	30% coinsurance after deductible is met
Facility visit:		
Facility Fees	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Doctor Services	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Surgery		
Facility Fees:		
Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding Surgical Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Doctor and Other Services:		
Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding Surgical Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Hospital Stay (all inpatient stays including Maternity, Mental / Behavioral Health, and Substance Abuse)		
Facility fees (for example, room & board) *Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period. Limit is combined In-Network and Non-Network. Benefit includes coverage for Outpatient Rehabilitation program.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Human Organ and Tissue Transplants *Acquisition and transplant procedures, collection and storage. Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Doctor and other services	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Recovery & Rehabilitation **Home Health Care** *Coverage is limited to 100 visits per benefit period. Limit is combined In-Network and Non-Network. Limits are combined for home health care and private duty nursing.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Rehabilitation services (for example, physical/speech/occupational therapy): Office *Coverage for Occupational Rehabilitation services is limited to 20 visits per benefit period. Coverage for Physical Rehabilitation and Manipulation Therapy Services is limited to 20 visits per benefit period. Limit excludes manipulation therapy y a Chiropractor. Limit is combined In-network and Non-Network across professional and outpatient visits.*	$30 copay per visit deductible does not apply	30% coinsurance after deductible is met
Outpatient Hospital *Coverage for Occupational Rehabilitation services is limited to 20 visits per benefit period. Coverage for Physical Rehabilitation and Manipulation Therapy Services is limited to 20 visits per benefit period. Limit excludes manipulation therapy y a Chiropractor. Limit is combined In-network and Non-Network across professional and outpatient visits.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Cardiac rehabilitation Office *Coverage is limited to 36 visits per benefit period. Limit is combined In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.*	$60 copay per visit deductible does not apply	30% coinsurance after deductible is met
Outpatient Hospital *Coverage is limited to 36 visits per benefit period. Limit is combined In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Pulmonary rehabilitation		

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Office *Coverage is limited to 20 visits per benefit period. Limit is combined In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.*	$60 copay per visit deductible does not apply	30% coinsurance after deductible is met
Outpatient Hospital *Coverage is limited to 20 visits per benefit period. Limit is combined In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Skilled Nursing Care (in a facility) *Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period. Limit is combined In-Network and Non-Network. Benefit includes coverage for Outpatient Rehabilitation program.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Hospice	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Durable Medical Equipment	50% coinsurance after deductible is met	50% coinsurance after deductible is met
Prosthetic Devices *Coverage for wigs after cancer treatment is limited to 1 item per benefit period. Coverage for wigs needed after cancer treatment is limited to 1 item per benefit period. Limit is combined In-Network and Non-Network. Applies to In-Network.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	Not applicable	Not applicable
Pharmacy Out of Pocket	Combined with medical out of pocket maximum	Combined with medical out of pocket maximum
Prescription Drug Coverage *Essential Drug List* *This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies.*		
Tier 1 - Typically Generic *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.*	$15 copay per prescription, deductible does not apply (retail) and $38 copay per prescription, deductible does not apply (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.*	$40 copay per prescription, deductible does not apply (retail) and $120 copay per prescription, deductible does not apply (home delivery)	50% coinsurance (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.*	$80 copay per prescription, deductible does not apply (retail) and $240 copay per prescription, deductible does not	50% coinsurance (retail) and Not covered (home delivery)

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
	apply (home delivery)	
Tier 4 - Typically Specialty (brand and generic) *Covers up to a 30 day supply (retail pharmacy). Covers up to a 30 day supply (home delivery program). No coverage for non-formulary drugs.*	25% coinsurance up to $350 per prescription, deductible does not apply (retail and home delivery)	50% coinsurance (retail) and Not covered (home delivery)

Your summary of benefits

Notes:

- The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.
- Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent age: to end of the month in which the child attains age 26.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- Certain diabetic and asthmatic supplies are available at Network pharmacies, diabetic test strips paid same as any other drug.
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.
- Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).
- If office visit is a coinsurance, the coinsurance also applies to allergy injections.
- No Copayment or Coinsurance applies to certain diabetic and asthmatic supplies when you get them from an In-Network Pharmacy. These supplies are covered as Medical Supplies and Durable Medical Equipment if you get them from an Out-of-Network Pharmacy. Diabetic test strips are covered subject to applicable Prescription Drug Copayment / Coinsurance. Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.
- DME - 50% coinsurance for Network/Non-Network Durable Medical Equipment, Medical Supplies, Orthotics, Asthma Supplies, and Phenylketonuria (PKU). Excludes Prosthetics, Wigs, Diabetic Supplies and Mastectomy prostheses which will apply the plan's cost shares.
- Hospital stay for Maternity Coverage will not be limited to less than 48 hours for a vaginal delivery or 96 hours for a caesarean section.
- The Rx option includes the Essential formulary which is a closed drug list with a focus on therapeutic efficacy and cost effectiveness.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice. Specialist (SCP) copayment is applicable to all Specialists (excludes: General

Physicians, Internists, Pediatricians, OB/Gyns, Geriatrics, Physical Therapy, Occupational Therapy or any other Network provider as allowed by the plan).

- Immunization through age 5 – No Cost Share up to the maximum allowable amount (Network/Non-Network).
- Benefits are limited to abortions performed to preserve the life of the female upon whom the abortion is performed. Elective abortions are not a Covered Service.
- Urgent Care Facility Copay exclude certain diagnostic test such as MRAs, MRIs, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, Allergy Testing, and Pharmaceutical injection and drugs.
- If you get Covered Services from a Physical Therapist or Occupational Therapist, you will not have to pay an office visit or outpatient Facility Copayment or Coinsurance that is higher than what you would pay for a Primary Care Physician office visit.

Your summary of benefits

Anthem® BlueCross and BlueShield

Your Plan: Anthem Blue Preferred Select HSA (with Copay) Option E3 with Rx Option C4 (Narrow Network)

Your Network: Blue Preferred (Narrow Network)

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible *See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.*	$5,000 person / $10,000 family	$15,000 person / $30,000 family
Out-of-Pocket Limit *When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.*	$6,900 person / $13,800 family	$20,700 person / $41,400 family
Preventive care/screening/immunization *In-network preventive care is not subject to deductible, if your plan has a deductible.*	No charge	30% coinsurance after deductible is met
Doctor Home and Office Services		
Primary Care Visit to treat an injury or illness *When Allergy injections are billed separately by network providers, the member is responsible for $10 copay after deductible is met. When billed as part of an office visit, there is no additional cost to the member for the injection.*	$25 copay per visit after deductible is met	30% coinsurance after deductible is met
Specialist Care Visit *When Allergy injections are billed separately by network providers, the member is responsible for $10 copay after deductible is met. When billed as*	$50 copay per visit after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
part of an office visit, there is no additional cost to the member for the injection.		
Prenatal and Post-natal Care *In-Network preventive prenatal services are covered at 100%.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Other Practitioner Visits:		
Retail Health Clinic	$25 copay per visit after deductible is met	30% coinsurance after deductible is met
Preferred On-line Visit *Includes Mental/Behavioral Health and Substance Abuse*	$10 copay per visit after deductible is met	30% coinsurance after deductible is met
Other Participating Provider On-line Visit *Includes Mental/Behavioral Health and Substance Abuse*	$25 copay per visit after deductible is met	30% coinsurance after deductible is met
Manipulation Therapy *Coverage is limited to 26 visits per benefit period. Applies to In-Network. Limit is combined across professional visits and outpatient facilities.*	50% coinsurance after deductible is met	Not covered
Other Services in an Office:		
Allergy Testing	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Chemo/Radiation Therapy Performed by a Primary Care Physician	$25 copay per visit after deductible is met	30% coinsurance after deductible is met
Chemo/Radiation Therapy Performed by a Specialist	$50 copay per visit after deductible is met	30% coinsurance after deductible is met
Dialysis/Hemodialysis	$50 copay per visit after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Prescription Drugs *For the drugs itself dispensed in the office through infusion/injection.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Diagnostic Services		
Lab:		
Office	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
X-Ray:		
Office	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans):		
Office	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding Radiology Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Emergency and Urgent Care		
Urgent Care *Member cost share for Allergy injections billed separately is $10 copay after deductible. If billed with an Urgent Care Facility charge, it will be covered under the UC copayment, there is no additional cost to the member for injection. The urgent care office visit cost share applies to both office and facility based urgent care providers.*	$75 copay per visit after deductible is met	30% coinsurance after deductible is met
Emergency Room Facility Services *Copay waived if admitted.*	$300 copay per visit after deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	0% coinsurance after deductible is met	Covered as In-Network
Emergency Room Mental/Behavioral Health and Substance Abuse Doctor Services	$25 copay per visit after deductible is met	Covered as In-Network
Ambulance (Air, Ground, and Water) *Non-emergency non-network Ambulance Services are limited to $50,000 per occurrence.*	0% coinsurance after deductible is met	Covered as In-Network
Outpatient Mental/Behavioral Health and Substance Abuse		
Doctor Office Visit	$25 copay per visit after deductible is met	30% coinsurance after deductible is met
Facility visit:		
Facility Fees	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Doctor Services	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Surgery		
Facility Fees:		
Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding Surgical Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Doctor and Other Services:		
Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding Surgical Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Hospital Stay (all inpatient stays including Maternity, Mental / Behavioral Health, and Substance Abuse)		
Facility fees (for example, room & board) *Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period. Benefit includes coverage for Outpatient Rehabilitation program.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Human Organ and Tissue Transplants *Acquisition and transplant procedures, collection and storage. Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Doctor and other services	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Recovery & Rehabilitation		
Home Health Care *Coverage is limited to 100 visits per benefit period. Limit is combined In-Network and Non-Network. Limits are combined for home health care and private duty nursing.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Rehabilitation services (for example, physical/speech/occupational therapy):		
Office *Coverage for Occupational Rehabilitation services is limited to 20 visits per benefit period. Coverage for Physical Rehabilitation and Manipulation Therapy services is limited to 20 visits per benefit period. Limit does not apply to manipulation performed by a Chiropractor. Limit is combined In-network and Non-Network across professional and outpatient visits. Speech Therapy has no visit limit. Benefit limit does not apply to Applied Behavioral Analysis. Benefit limit does not apply when performed as part of Early Intervention.*	$25 copay per visit after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital *Coverage for Occupational Rehabilitation services is limited to 20 visits per benefit period. Coverage for Physical Rehabilitation and Manipulation Therapy services is limited to 20 visits per benefit period. Limit does not apply to manipulation performed by a Chiropractor. Limit is combined In-network and Non-Network across professional and outpatient visits. Speech Therapy has no visit limit. Benefit limit does not apply to Applied Behavioral Analysis. Benefit limit does not apply when performed as part of Early Intervention.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Cardiac rehabilitation		
Office *Coverage is limited to 36 visits per benefit period. Limit is combined In-Network and Non-Network. Limit is combined across professional visits and outpatient facilities.*	$50 copay per visit after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital *Coverage is limited to 36 visits per benefit period. Limit is combined In-Network and Non-Network. Limit is combined across professional visits and outpatient facilities.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pulmonary rehabilitation		
Office *Coverage is limited to 20 visits per benefit period. Limit is combined In-Network and Non-Network. Limit is combined across professional visits and outpatient facilities.*	$50 copay per visit after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital *Coverage is limited to 20 visits per benefit period. Limit is combined In-Network and Non-Network. Limit is combined across professional visits and outpatient facilities.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Skilled Nursing Care (in a facility) *Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period. Limit is combined In-Network and Non-Network. Benefit includes coverage for Outpatient Rehabilitation program.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Hospice	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Durable Medical Equipment	50% coinsurance after deductible is met	50% coinsurance after deductible is met
Prosthetic Devices *Coverage for wigs after cancer treatment is limited to 1 item per benefit period. Coverage for wigs needed after cancer treatment is limited to 1 item per benefit period. Limit is combined In-Network and Non-Network. Applies to In-Network.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	Combined with medical deductible	Combined with medical deductible
Pharmacy Out of Pocket	Combined with medical out of pocket maximum	Combined with medical out of pocket maximum
Prescription Drug Coverage *Essential Drug List* *This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies.*		
Tier 1 - Typically Generic *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.*	$15 copay per prescription after deductible is met (retail) and $38 copay per prescription after deductible is met (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.*	$40 copay per prescription after deductible is met (retail) and $120 copay per prescription after deductible is met (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.*	$80 copay per prescription after deductible is met (retail) and $240 copay per prescription after deductible is met (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)

Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Tier 4 - Typically Specialty (brand and generic) *Covers up to a 30 day supply (retail pharmacy). Covers up to a 30 day supply (home delivery program). No coverage for non-formulary drugs.*	25% coinsurance up to $350 per prescription after deductible is met (retail and home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)

Your summary of benefits

Notes:

- The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.
- Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent age: to end of the month in which the child attains age 26.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- Certain diabetic and asthmatic supplies are available at Network pharmacies, diabetic test strips paid same as any other drug.
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.
- Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).
- If office visit is a coinsurance, the coinsurance also applies to allergy injections.
- Certain diabetic and asthmatic supplies are covered subject to applicable prescription drug copayments/coinsurance when you get them from an In network pharmacy. These supplies are covered as medical supplies and durable medical equipment if you get them from an Out of network pharmacy. Diabetic test strips are covered subject to applicable prescription drug copayment/coinsurance. Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.
- DME-Deductible/50% coinsurance for Durable Medical Equipment, Medical Supplies, Orthotics, Asthma Supplies, and Phenylketonuria (PKU). Excludes Prosthetics, Wigs, Diabetic Supplies, Cochlear Implants and Mastectomy prosthesis which will apply the plan's cost shares.
- Hospital stay for Maternity Coverage will not be limited to less than 48 hours for a vaginal delivery or 96 hours for a caesarean section.
- The Rx option includes the Essential formulary which is a closed drug list with a focus on therapeutic efficacy and cost effectiveness.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.

Your summary of benefits

- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice. Specialist (SCP) copayment is applicable to all Specialists (excludes: General Physicians, Internists, Pediatricians, OB/Gyns, Geriatrics, Physical Therapy, Occupational Therapy or any other Network provider as allowed by the plan).
- Immunization through age 5 – No Cost Share up to the maximum allowable amount (Network/Non-Network).
- Benefits are limited to abortions performed to preserve the life of the female upon whom the abortion is performed. Elective abortions are not a Covered Service.
- Urgent Care Facility Copay exclude certain diagnostic test such as MRAs, MRIs, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, Allergy Testing, and Pharmaceutical injection and drugs.
- If you get Covered Services from a Physical Therapist or Occupational Therapist, you will not have to pay an office visit or outpatient Facility Copayment or Coinsurance that is higher than what you would pay for a Primary Care Physician office visit.

Your summary of benefits

Anthem® BlueCross and BlueShield

Your Plan: Anthem Blue Access Choice PPO HSA (with Copay) Option E3 with Rx Option C4 (Broad Network)

Your Network: Blue Access Choice (Broad Network)

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

This summary of benefits has been updated to comply with federal and state requirements, including applicable provisions of the recently enacted federal health care reform laws. As we receive additional guidance and clarification on the new health care reform laws from the U.S. Department of Health and Human Services, Department of Labor and Internal Revenue Service, we may be required to make additional changes to this summary of benefits.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible *See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.*	$5,000 person / $10,000 family	$15,000 person / $30,000 family
Out-of-Pocket Limit *When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.*	$6,900 person / $13,800 family	$20,700 person / $41,400 family
Preventive care/screening/immunization *In-network preventive care is not subject to deductible, if your plan has a deductible.*	No charge	30% coinsurance after deductible is met
Doctor Home and Office Services		
Primary Care Visit to treat an injury or illness *When Allergy injections are billed separately by network providers, the member is responsible for $10 copay after deductible is met. When billed as part of an office visit, there is no additional cost to the member for the injection.*	$25 copay per visit after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Specialist Care Visit *When Allergy injections are billed separately by network providers, the member is responsible for $10 copay after deductible is met. When billed as part of an office visit, there is no additional cost to the member for the injection.*	$50 copay per visit after deductible is met	30% coinsurance after deductible is met
Prenatal and Post-natal Care *In-Network preventive prenatal services are covered at 100%.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Other Practitioner Visits:		
Retail Health Clinic	$25 copay per visit after deductible is met	30% coinsurance after deductible is met
Preferred On-line Visit *Includes Mental/Behavioral Health and Substance Abuse*	$10 copay per visit after deductible is met	30% coinsurance after deductible is met
Other Participating Provider On-line Visit *Includes Mental/Behavioral Health and Substance Abuse*	$25 copay per visit after deductible is met	30% coinsurance after deductible is met
Manipulation Therapy *Coverage is limited to 26 visits per benefit period. Applies to In-Network. Limit is combined across professional visits and outpatient facilities.*	50% coinsurance after deductible is met	Not covered
Other Services in an Office:		
Allergy Testing	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Chemo/Radiation Therapy Performed by a Primary Care Physician	$25 copay per visit after deductible is met	30% coinsurance after deductible is met
Chemo/Radiation Therapy Performed by a Specialist	$50 copay per visit after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Dialysis/Hemodialysis	$50 copay per visit after deductible is met	30% coinsurance after deductible is met
Prescription Drugs *For the drugs itself dispensed in the office through infusion/injection.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Diagnostic Services		
Lab:		
Office	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
X-Ray:		
Office	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans):		
Office	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding Radiology Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Emergency and Urgent Care		
Urgent Care *Member cost share for Allergy injections billed separately is $10 copay after deductible. If billed with an Urgent Care Facility charge, it will be covered under the UC copayment, there is no additional cost to the member for injection. The urgent care office visit cost share applies to both office and facility based urgent care providers.*	$75 copay per visit after deductible is met	30% coinsurance after deductible is met
Emergency Room Facility Services *Copay waived if admitted.*	$300 copay per visit after deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	0% coinsurance after deductible is met	Covered as In-Network
Emergency Room Mental/Behavioral Health and Substance Abuse Doctor Services	$25 copay per visit after deductible is met	Covered as In-Network
Ambulance (Air, Ground, and Water) *Non-emergency non-network Ambulance Services are limited to $50,000 per occurrence.*	0% coinsurance after deductible is met	Covered as In-Network
Outpatient Mental/Behavioral Health and Substance Abuse		
Doctor Office Visit	$25 copay per visit after deductible is met	30% coinsurance after deductible is met
Facility visit:		
Facility Fees	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Doctor Services	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Outpatient Surgery		
Facility Fees:		
Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding Surgical Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Doctor and Other Services:		
Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding Surgical Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Hospital Stay (all inpatient stays including Maternity, Mental / Behavioral Health, and Substance Abuse)		
Facility fees (for example, room & board) *Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period. Benefit includes coverage for Outpatient Rehabilitation program.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Human Organ and Tissue Transplants *Acquisition and transplant procedures, collection and storage. Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Doctor and other services	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Recovery & Rehabilitation		
Home Health Care *Coverage is limited to 100 visits per benefit period. Limit is combined In-Network and Non-Network. Limits are combined for home health care and private duty nursing.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Rehabilitation services (for example, physical/speech/occupational therapy):		
Office *Coverage for Occupational Rehabilitation services is limited to 20 visits per benefit period. Coverage for Physical Rehabilitation and Manipulation Therapy services is limited to 20 visits per benefit period. Limit does not apply to manipulation performed by a Chiropractor. Limit is combined In-network and Non-Network across professional and outpatient visits. Speech Therapy has no visit limit. Benefit limit does not apply to Applied Behavioral Analysis. Benefit limit does not apply when performed as part of Early Intervention.*	$25 copay per visit after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital *Coverage for Occupational Rehabilitation services is limited to 20 visits per benefit period. Coverage for Physical Rehabilitation and Manipulation Therapy services is limited to 20 visits per benefit period. Limit does not apply to manipulation performed by a Chiropractor. Limit is combined In-network and Non-Network across professional and outpatient visits. Speech Therapy has no visit limit. Benefit limit does not apply to Applied Behavioral Analysis. Benefit limit does not apply when performed as part of Early Intervention.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Cardiac rehabilitation		
Office *Coverage is limited to 36 visits per benefit period. Limit is combined In-Network and Non-Network. Limit is combined across professional visits and outpatient facilities.*	$50 copay per visit after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital *Coverage is limited to 36 visits per benefit period. Limit is combined In-Network and Non-Network. Limit is combined across professional visits and outpatient facilities.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pulmonary rehabilitation		
Office *Coverage is limited to 20 visits per benefit period. Limit is combined In-Network and Non-Network. Limit is combined across professional visits and outpatient facilities.*	$50 copay per visit after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital *Coverage is limited to 20 visits per benefit period. Limit is combined In-Network and Non-Network. Limit is combined across professional visits and outpatient facilities.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Skilled Nursing Care (in a facility) *Coverage for Skilled Nursing, Outpatient Rehabilitation and Inpatient Rehabilitation facility settings is limited to 150 days combined per benefit period. Limit is combined In-Network and Non-Network. Benefit includes coverage for Outpatient Rehabilitation program.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Hospice	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Durable Medical Equipment	50% coinsurance after deductible is met	50% coinsurance after deductible is met
Prosthetic Devices *Coverage for wigs after cancer treatment is limited to 1 item per benefit period. Coverage for wigs needed after cancer treatment is limited to 1 item per benefit period. Limit is combined In-Network and Non-Network. Applies to In-Network.*	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	Combined with medical deductible	Combined with medical deductible
Pharmacy Out of Pocket	Combined with medical out of pocket maximum	Combined with medical out of pocket maximum
Prescription Drug Coverage *Essential Drug List* *This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies.*		
Tier 1 - Typically Generic *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.*	$15 copay per prescription after deductible is met (retail) and $38 copay per prescription after deductible is met (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.*	$40 copay per prescription after deductible is met (retail) and $120 copay per prescription after deductible is met (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.*	$80 copay per prescription after deductible is met (retail) and $240 copay per prescription after deductible is met (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Tier 4 - Typically Specialty (brand and generic) *Covers up to a 30 day supply (retail pharmacy). Covers up to a 30 day supply (home delivery program). No coverage for non-formulary drugs.*	25% coinsurance up to $350 per prescription after deductible is met (retail and home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)

Your summary of benefits

Notes:

- The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.
- Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent age: to end of the month in which the child attains age 26.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- Certain diabetic and asthmatic supplies are available at Network pharmacies, diabetic test strips paid same as any other drug.
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.
- Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).
- Certain diabetic and asthmatic supplies are covered subject to applicable prescription drug copayments/coinsurance when you get them from an In network pharmacy. These supplies are covered as medical supplies and durable medical equipment if you get them from an Out of network pharmacy. Diabetic test strips are covered subject to applicable prescription drug copayment/coinsurance. Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.
- DME - 50% coinsurance for Network/Non-Network Durable Medical Equipment, Medical Supplies, Orthotics, Asthma Supplies, and Phenylketonuria (PKU). Excludes Prosthetics, Wigs, Diabetic Supplies and Mastectomy prostheses which will apply the plan's cost shares.
- Hospital stay for Maternity Coverage will not be limited to less than 48 hours for a vaginal delivery or 96 hours for a caesarean section.
- The Rx option includes the Essential formulary which is a closed drug list with a focus on therapeutic efficacy and cost effectiveness.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice. Specialist (SCP) copayment is applicable to all Specialists (excludes: General

Physicians, Internists, Pediatricians, OB/Gyns, Geriatrics, Physical Therapy, Occupational Therapy or any other Network provider as allowed by the plan).

- Immunization through age 5 – No Cost Share up to the maximum allowable amount (Network/Non-Network).
- Benefits are limited to abortions performed to preserve the life of the female upon whom the abortion is performed. Elective abortions are not a Covered Service.
- Urgent Care Facility Copay exclude certain diagnostic test such as MRAs, MRIs, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, Allergy Testing, and Pharmaceutical injection and drugs.
- If you get Covered Services from a Physical Therapist or Occupational Therapist, you will not have to pay an office visit or outpatient Facility Copayment or Coinsurance that is higher than what you would pay for a Primary Care Physician office visit.

Take care of yourself
Use your preventive care benefits

Anthem

Getting regular checkups and exams can help you stay healthy and catch problems early — when they're easier to treat.

That's why our health plans offer all the preventive care services and immunizations below — at no cost to you.[1] As long as you see a doctor or use a pharmacy or lab in the plan, you won't have to pay anything for these services and immunizations. If you want to visit a doctor or pharmacy outside the plan, you may have to pay out of pocket.

Not sure which services make sense for you? Talk to your doctor. He or she can help you figure out what you need.

Preventive vs. diagnostic care

What's the difference? Preventive care helps protect you from getting sick. If your doctor recommends you have services even though you have no symptoms, that's preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to determine what's causing those symptoms.

Adult preventive care

Preventive physical exams

Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)[3]
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening*
- Eye chart test for vision[2]
- Hearing screening
- Height, weight and body mass index (BMI)
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years[3]
- Obesity: related screening and counseling*
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met[4]
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling[5,6,7]
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those with a high risk of breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- HPV screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression[6]
- Pelvic exam and Pap test, including screening for cervical cancer

These preventive care services are recommendations of the Affordable Care Act (ACA or health care reform law). They may not be right for every person, so ask your doctor what's right for you.

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference between this sheet and the group policy, the provisions of the group policy will rule. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for exclusions and limitations.

* CDC-recognized Diabetes Prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

43199MUMENABS VPOD Rev. 9/18

Child preventive care

Preventive physical exams

Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and BMI
- Hemoglobin or hematocrit (blood count)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10–24 with fair skin about lowering their risk for skin cancer
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening when done as part of a preventive care visit[2]

Immunizations:

- Chickenpox
- Flu
- Haemophilus influenza type b (Hib)
- Hepatitis A and hepatitis B
- HPV
- Meningitis
- MMR
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

A word about pharmacy items

For 100% coverage of your over-the-counter (OTC) drugs and other pharmacy items listed here, you must:

- Meet certain age requirements and other rules.
- Get prescriptions from plan providers and fill them at plan pharmacies.
- Have prescriptions, even for OTC items.

Adult preventive drugs and other pharmacy items — age appropriate:

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease, preeclampsia and colorectal cancer by adults less than 70 years old.
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Generic low to moderate dose statins for members that are 40-75 years and have 1 or more CVD risk factors (dyslipidemia, diabetes, hypertension, or smoking)
- Tobacco-cessation products, including all FDA-approved brand and generic OTC and prescription products, for those ages 18 and older

Child preventive drugs and other pharmacy items — age appropriate:

- Dental fluoride varnish to prevent the tooth decay of primary teeth for children ages 0-5
- Fluoride supplements for children ages 6 months to 16 years old

Women's preventive drugs and other pharmacy items — age appropriate:

- Contraceptives, including generic prescription drugs, brand-name drugs with no generic equivalent and OTC items like female condoms and spermicides[6,8,9]
- Low-dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women ages 55 or younger who are planning and able to get pregnant

Breast cancer risk-reducing medications, such as tamoxifen and raloxifene, that follow the U.S. Preventive Services Task Force criteria[3]

For a complete list of covered preventive drugs under the Affordable Care Act, view the Preventive ACA Drug List flier available at anthem.com/pharmacyinformation.

1 The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your ***Certificate of Coverage*** or call the Member Services number on your ID card.

2 Some plans cover additional vision services. Please see your contract or ***Certificate of Coverage*** for details.

3 You may be required to get preapproval for these services.

4 Check your medical policy for details.

5 Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.

6 This benefit also applies to those younger than age 19.

7 Counseling services for breastfeeding (lactation) can be provided or supported by a plan doctor or hospital provider, such as a pediatrician, obstetrician/gynecologist or family medicine doctor, and hospitals with no member cost share (deductible, copay, coinsurance). Contact the provider to see if such services are available.

8 A cost share may apply for other prescription contraceptives, based on your drug benefits.

9 Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.

Skip the ER

When it's not an emergency, get quick care with these options

When you need care right away and your doctor isn't available, the emergency room (ER) might be your first choice. But did you know many ER visits are unnecessary? ERs aren't the best choice in every situation, especially when you can **save about $1,100** by going somewhere else when it's not an emergency.[1,2,3,] And you probably won't have to wait as long.

Here's what to do when you need care fast

Step 1: Call your primary care doctor or 24/7 NurseLine

Your doctor can help you decide where to get care, whether it's a visit to his or her office, going to the ER or somewhere else. If your doctor isn't available, you can call the 24/7 NurseLine at the number on the back of your ID card to help you decide what to do.

Step 2: If it's not an emergency, choose one of these options to save you time and money

Depending on your needs, you've got these choices:

- **"Retail health clinic** — Usually in a major pharmacy or retail store where you can get basic health care services from a health care professional.
- **"Walk-in doctor's office** — No appointment is needed for routine care and common illnesses.
- **"Urgent care center** — For conditions that need care right away such as stitches, lab tests or X-rays.
- **" LiveHealth Online** — Have a video visit in minutes with a board-certified doctor 24/7 on your smartphone, tablet or computer with a webcam. No appointment is needed. Just go to **livehealthonline.com** or download the free app to register and get started.

These options are more convenient than the ER. They're often open at night and on weekends, so you don't have to wait to get treated.

When to head to the ER

When you think it's a true emergency, call **911** or go to the nearest ER.

Remember

If you go to the ER when it's NOT an emergency, you could be responsible for the full cost of treatment.

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235433MUMENABS Rev. 3/18

See the other side for examples of when to go to the ER or if you should consider other options.

Where to get care[3]

	Who usually provides care	Estimated average costs[2]	When to go
Emergency room 	Doctors trained in emergency medicine	For non-emergencies: **$1,404**	“ “Coughing up or vomiting blood “ “Symptoms feel life-threatening or disabling “ “Chest pain or severe shortness of breath “ “Major injury or broken bones “ “Sudden or unexplained loss of consciousness “ “Severe pain that cannot be controlled “ “If you're pregnant and having labor pain
Retail health clinic 	Physician assistants or nurse practitioners	**$72**	“ “Allergic reactions (minor) “ “Bumps, cuts, scrapes, rashes “ “Burning with urination “ “Burns (minor) “ “Cold, cough and sore throat “ “Sinus pain and fever (minor) “ “Eye or ear pain or irritation “ “Shots
Walk-in doctor's office 	Family practice doctors	**$124**	**Same as retail health clinic plus...** “ “Asthma (mild) “ “Back pain “ “Nausea or diarrhea “ “Headache (minor)
Urgent care center 	Doctors who treat conditions that should be looked at right away	**$143**	**Same as walk-in doctor's office plus...** “ “Animal bites “ “Sprains and strains “ “Stitches “ “X-rays
LiveHealth Online 	Board-certified doctors	**$59 or less**	“ “Allergic reactions (minor) “ “Headache (minor) “ “Nausea or diarrhea “ “Cold, cough and sore throat “ “Sinus pain and fever (minor) “ “Eye or ear pain or irritation “ “Burning with urination

Need care fast?

Rather than waiting at the ER, you can save time by going to one of the quick care options shown above.

Be prepared

“ **“Get the right care.** Whether that's finding the right doctor, specialist, therapist or something else altogether. Just use the **Find a Doctor** tool at **anthem.com** or call the **Member Services** number on your ID card and we'll guide you somewhere that's part of your plan.

“ **“Find care near you whenever you need it.** Download the **Anthem Anywhere** app to find an urgent care center, retail health clinic or walk-in doctor's office quickly and get driving directions. Just search for “Anthem Anywhere” at the App Store® or Google Play.™

Money-saving tip

Visit hospitals and doctors that are in your plan. If you don't, you'll often pay much more out of pocket for your care.

1 If you get care from a health professional or facility that is not in your health plan, you may have much higher out-of-pocket costs.
2 National averages of the total cost, not what members paid, based on Anthem members' commercial paid claims from January 1, 2016 through December 31, 2016.
3 If you use the ER and it's not a true emergency, your claim could be denied and you may be responsible for the full cost of your ER care.

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

Anthem

NO-COST RESOURCES AND SOCIAL SUPPORT TOOLS TO HELP NAVIGATE COVID-19

MENTAL HEALTH RESOURCE HUB

During this time, it's normal if you want a little extra support to help you with the way you're feeling. Our partners at PsychHub are here to help you through social isolation, job loss and mental health issues from the COVID-19 pandemic.

COVERAGE OPTIONS FOR DISPLACED EMPLOYEES

If you've been displaced from your job, you have coverage options available during this challenging time. No matter what your budget or care needs are, the COVID-19 Coverage Option Hotline can help support you. Call **1-888-832-2583** between 8:30 a.m. and 8 p.m. ET, Monday through Friday. Have your current income level and ZIP ready, and a representative will assist you.

FIND LOCAL SOCIAL SUPPORT SERVICES

Right now, many people need help with food, housing, job training, transportation and social services. Aunt Bertha, a social care network, can help you find free and reduced-cost programs providing COVID-19 support and resources in your area.

SYDNEY CARE COVID-19 SUPPORT

We have created support tools to help you quickly understand your potential risk for COVID-19. The Sydney Care mobile app's new Coronavirus Assessment tool gives you a quick and easy way to assess your symptoms and find a testing facility in your area. Sydney Care is free and available on your mobile device through Google Play™ or the App Store®, and works together with your Sydney Health or Engage Wellbeing apps.

SYMPTOM ASSESSMENT

It's normal to wonder about symptoms you may be experiencing. This tool asks you five simple questions based on guidelines from the Centers for Disease Control and Prevention to help you understand what your symptoms mean.

LOCATE A COVID-19 TESTING FACILITY

Not everyone needs to be tested for COVID-19. Testing is still mostly reserved for people who likely have the disease. Priority is given to people displaying symptoms; anyone at high risk for complications, as well as essential workers, particularly those in health care. If your doctor orders a test for you, you can easily find your nearest test facility just by entering your state and county.

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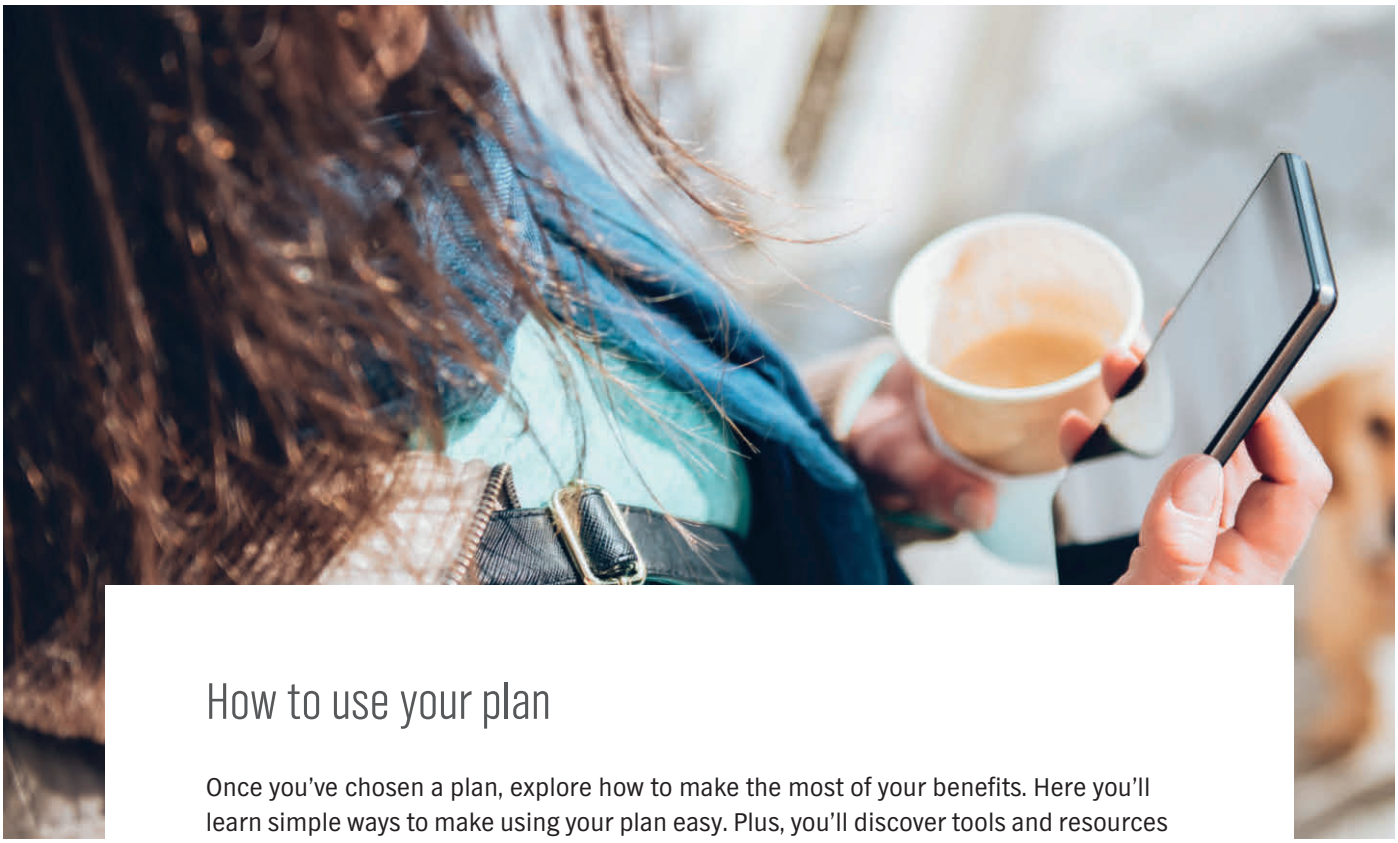
Using your plan



How to use your plan

Once you've chosen a plan, explore how to make the most of your benefits. Here you'll learn simple ways to make using your plan easy. Plus, you'll discover tools and resources that can help you reach your health and wellness goals. With Anthem, supporting your healthiest self is all part of the plan!

How to use your plan

Use your ID card right from your phone

Introducing the **Sydney Health** mobile app. With **Sydney Health** you can find everything you need to know about your benefits – all in one place. You'll have a custom experience that's based on your plan, your specific health care needs and lots more. And you can quickly access your digital ID card to show it to your doctor or pharmacy. You can even use **Sydney Health** to track your health goals, find care, compare costs, and manage your claims.

Have a question? **Sydney Health** acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly. **Sydney Health** makes it easier to get things done, so you can spend more time focusing on your health. Get started by downloading the **Sydney Health** mobile app.

Register for online tools and resources

Accessing your health plan on your mobile phone or computer makes life so much easier. Register on the **Sydney Health** mobile app and **anthem.com** to get personalized information about your health plan and more. You can:

- Quickly access your digital ID card.
- Find a doctor and estimate your costs before you go.
- Look at your prescription drug benefits, check the price of a drug and find a pharmacy near you that's in your plan.
- View your claims, see what's covered and what you may owe for care.
- Get support managing your health conditions and tracking your goals.
- Update your email and communication preferences.

How to use your plan

Find a doctor in your plan

The right doctor can make all the difference — and choosing one in your plan can save you money, too. So you'll be happy to know your plan includes lots of top-notch doctors. If you decide to get care from doctors outside the plan, it'll cost you more and your care might not be covered at all.

It's easy to find a doctor in your plan. Simply use the **Find a Doctor** tool on the **Sydney Health** mobile app or at **anthem.com** to search for doctors, hospitals, labs and other health care professionals.

Schedule a checkup

Preventive care, like regular checkups and screenings, can help you avoid health problems down the road. Your plan covers these services at little or no extra cost when you see a doctor in your plan:

- Yearly physicals
- Well-child visits
- Flu shot
- Routine shots
- Screenings and tests

Check your plan details on the **Sydney Health** mobile app or **anthem.com** to confirm what preventive care is covered.

See a doctor from home

You can have a video visit with a doctor using your mobile phone, tablet or computer with a webcam, whether you're at home, at work or on the go. Doctors are available around the clock for advice, treatment and prescriptions.[1] Just go to **livehealthonline.com** or download the LiveHealth Online mobile app to get started.

Where to go for care when you need it now

When it's an emergency, call 911 or head to the nearest emergency room. But when you need nonemergency care right away:

- Check to see if your primary care doctor can see you.
- Search for nearby urgent care – and avoid costly emergency room visits and long wait times.
- See a doctor anytime using LiveHealth Online. It works on your mobile phone, tablet or computer with a webcam.
- Call the 24/7 NurseLine and get helpful advice from a registered nurse.

1 Online prescribing only when appropriate based on physician judgment. LiveHealth Online is the trade name of Health Management Corporation.

Your pharmacy benefits

What your plan will cover

It's easy to get what you need, whether you take medicine every day or only once in a while.

Your pharmacy plan includes:

- One or more drugs lists. Be sure to check for your medications – the brand-name drugs and the generics that are included in your plan.
  - You can find out if the drug you take is included on the **Essential 4-tier** Drug List by visiting **anthem.com/abs/essentialdruglist**.

How your pharmacy benefits work

You pay your deductible

Before a plan starts to help pay for medicine, you may first pay a set amount out of your pocket. This is your deductible. You'll want to check the plan details to see if it has a:

- **Pharmacy deductible:** You first pay a set amount of drug costs out of your pocket and it's separate from a medical deductible. You have to pay your full pharmacy deductible before your plan starts to share the cost of your medicine.
- **Combined deductible:** You first pay a set amount for both covered medical care and drug costs out of your pocket.
- **No pharmacy deductible:** Your plan helps pay for medicine before you reach your deductible.

You and your plan share the costs

After you meet your deductible, your plan will share the cost of medicine. Your options include plans with different ways of sharing the cost:

- **Copays:** You pay a set amount, or copay, for medicine. Your copay will be based on which tier the drug is on. See Save money with Tier 1 drugs to learn more.
- **Coinsurance:** You pay a certain percentage of the drug's cost, which can be different based on the pharmacy you use.

Your pharmacy benefits

Save money with Tier 1 drugs

Prescription medicines or drugs are listed in groups called tiers. Your cost is based on which tier the drug is in. Tiers 1 and 2 usually include low-cost and generic drugs. You'll save the most money when you use Tier 1 drugs.

Once you're a member, you can check the price of a drug at different pharmacies at **anthem.com** and see if there are lower-cost drugs.

	Drug type	Cost
Tier 1	Preferred generic	$
Tier 2	Preferred brand name and newer, more expensive generic drugs	$$
Tier 3	Nonpreferred brand name and generic drugs	$$$
Tier 4	Preferred specialty drugs (brand name and generic)	$$$$

Simple ways to save money on medicine

- Find a pharmacy in your plan.
- Talk to your doctor about generic medicines.
- See if an over-the-counter option is available.

Make the most of your pharmacy benefits

You can manage your prescriptions and costs at **anthem.com**. Simply log in and explore the following ways to save:

1. **Search the drug list.** Find out if your drugs are covered and which tier they're in. Lower-cost drugs and generics are usually in Tiers 1 and 2. You'll save the most money when you use Tier 1 drugs.
2. **Price a medication.** See how much a medicine costs. You can compare retail drug costs at local pharmacies and see the price of generic options. Results will include the cost of up to a 90-day supply and home delivery pricing.
3. **See if there are generic options.** If you're taking a brand-name drug, you can find a list of generic options that cost less, or ask your doctor.
4. **Choose a pharmacy that's in your plan.** You have many retail pharmacies to choose from. Use a pharmacy that is in your plan to get the best price. To find a pharmacy in your plan, visit **anthem.com/pharmacyinformation/ networks** and choose your network list. Your plan uses the National network list of pharmacies.

Questions?

Call the Pharmacy Member Services phone number on your member ID Card – we're available 24/7.

IngenioRx Mail Service Order Form

Mail this form to:

IngenioRx Home Delivery
PO BOX 94467
PALATINE, IL 60094-4467

Member ID # (if not shown or if different from above)

Prescription Plan Sponsor or Company Name

Please fold here

Instructions:

Please use **blue or black ink** and **print in capital letters.** Fill in **both sides** of this form.

New Prescriptions – Mail your new prescriptions with this form. Number of **New** prescriptions:

Refills – Order by Web, phone, or write in Rx number(s) below. Number of **Refill** prescriptions:

TO RECEIVE YOUR ORDER SOONER request refills or new prescriptions online or by phone at the website/phone number on your member ID card.

A Shipping Address. To ship to an address different from the one printed above, enter the changes here.

Last Name First Name MI Suffix (JR, SR)

Street Address Apt./Suite #

○ **Use shipping address for this order only.**

City State ZIP Code

Daytime Phone #: - - Evening Phone #: - -

B Refills. To order mail service refills, enter your prescription number(s) here.

1) 2) 3) 4)

5) 6) 7) 8)

getting a new prescription, be sure to ask your doctor to write it for the maximum amount allowed by your plan, usually a 90-day supply. Make sure your doctor SIGNS and DATES all new prescriptions. We want to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want us to

section of this form.

We may package all of these prescriptions together unless you tell us not to.

C **Tell us about the people ordering prescriptions.** If there are more than two people, please complete another form.

First person with a refill or new prescription. ○ Spanish forms and labels

LAST NAME _____ FIRST NAME _____ M Suffix (JR,SR) ___

NICKNAME ___ Gender: ○ M ○ F Date of birth: MM-DD-YYYY

E-mail address: _____ Date new prescription written: _____

Doctor's last name _____ Doctor's first name _____ Doctor's phone # _____

Tell us about new health information for 1st person if never provided or if changed.

Allergies: ○ None ○ Aspirin ○ Cephalosporin ○ Codeine ○ Erythromycin ○ Peanuts ○ Penicillin ○ Sulfa ○ Other: _____

Medical conditions: ○ Arthritis ○ Asthma ○ Diabetes ○ Acid reflux ○ Glaucoma ○ Heart problem ○ High blood pressure ○ High cholesterol ○ Migraine ○ Osteoporosis ○ Prostate issues ○ Thyroid ○ Other: _____

Second person with a refill or new prescription. ○ Spanish forms and labels

LAST NAME _____ FIRST NAME _____ M Suffix (JR,SR) ___

NICKNAME ___ Gender: ○ M ○ F Date of birth: MM-DD-YYYY

E-mail address: _____ Date new prescription written: _____

Doctor's last name _____ Doctor's first name _____ Doctor's phone # _____

Tell us about new health information for 2nd person if never provided or if changed.

Allergies: ○ None ○ Aspirin ○ Cephalosporin ○ Codeine ○ Erythromycin ○ Peanuts ○ Penicillin ○ Sulfa ○ Other: _____

Medical conditions: ○ Arthritis ○ Asthma ○ Diabetes ○ Acid reflux ○ Glaucoma ○ Heart problem ○ High blood pressure ○ High cholesterol ○ Migraine ○ Osteoporosis ○ Prostate issues ○ Thyroid ○ Other: _____

D **Special instructions:** _____

E **How would you like to pay for this order?** (If your copay is $0, you do not need to provide payment information.)

○ **Electronic check.** Pay from your bank account. (You must first register online or call Customer Care.)

○ **Credit or debit card.** (VISA®, MasterCard®, Discover®, or American Express®)

○ Use your card on file.

○ Use a new card or update your card's expiration date.

CARD NUMBER _____ Exp. Date MMYY

Credit card holder signature/Date

○ **Check or money order.** Amount: $ ____ . __

- Make check/money order out to IngenioRx Home Delivery.
- W
  check or money order.
- If your check is returned, we will charge you up to $40.

Payment for balance due and future orders: If you choose electronic check or a credit or debit card, we will use it to pay for any balance due and for future orders unless you provide another form of payment.

○ Fill in this oval if you **DO NOT** want us to use this payment method for future orders.

Regular delivery is free and takes up to 5 days after your order is processed.

If you want faster delivery, choose:

○ **2nd business day ($17)**

○ **Next business day ($23)**

Faster delivery can only be sent to a street address, not a PO Box

Expected processing time from receipt of this form:

- Refills: 1-2 days
- New/renewed prescriptions: Within 5 days unless additional information is needed from your doctor

(Charges subject to change)

Please fold here →

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Please fold here →

Please fold here →

Plan extras that support your health

Learn more by registering on the **Sydney Health** app or at **anthem.com**.

Your plan comes with great tools and programs to help you reach your health goals and save money on health products and services. Plus, most of them come at no extra cost. Learn more by registering on the **Sydney Health** app or at **anthem.com**.

Apps

Introducing the **Sydney Health** mobile app. With **Sydney Health** you can find everything you need to know about your benefits – all in one place. You'll have a custom experience that's based on your plan, your specific health care needs and lots more. And you can quickly access your digital ID card to show it to your doctor or pharmacy. You can even use **Sydney Health** to track your health goals, find care, compare costs, and manage your claims.

Have a question? **Sydney Health** acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly. **Sydney Health** makes it easier to get things done, so you can spend more time focusing on your health. Get started by downloading the **Sydney Health** mobile app.

Where to get care

24/7 NurseLine — You can connect with a registered nurse who'll answer your health questions wherever you are — anytime, day or night. They can help you decide where to go for care and find providers in your area. All you have to do is call **1-800-337-4770**.

Case Management — If you're coming home after surgery or have a serious health condition, a nurse care manager can help answer your questions about your follow-up care, medicines and treatment options, coordinate benefits for home therapy or medical supplies, and find community resources to help you. Your nurse care manager will probably call you, but you also can call the Member Services number on your ID card.

ConditionCare — Get support from a dedicated nurse team to manage ongoing conditions like asthma, chronic obstructive pulmonary disorder (COPD), diabetes, heart disease or heart failure. Work with dietitians, health educators and pharmacists who can help you learn about your condition and manage your health.

Future Moms — This program can help you take care of yourself and your baby before, during and after pregnancy. You can talk to registered nurses 24/7 about your pregnancy, newborn care and more. Plus, you'll have access to dietitians and social workers, as needed.

Want healthy advice?

Follow our **Better Care Blog** for helpful information about health benefits, living healthy and the latest member news.

Plan extras that support your health

Learn more by registering on the **Sydney Health** app or at **anthem.com**.

LiveHealth Online — At home, at work or on the go, you can have a video visit with a doctor using your smartphone, tablet or computer with a webcam. Doctors are available 24/7 for advice, treatment and prescriptions if needed.* The cost is usually $59 or less, depending on your health plan. Register at **livehealthonline.com**.

* Online prescribing only when appropriate based on physician judgment. LiveHealth Online is the trade name of Health Management Corporation, a separate company, providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Healthy living

Anthem Health Rewards — Get rewarded for living healthier every day. It can be as simple as getting preventive care or taking a class on healthy eating. You earn rewards when you complete the programs and activities. Check with your Benefits Administrator for more details.

Workplace perks

Earn up to $200 in Health Rewards
Get rewarded by participating in our preventative care activities. For complete details, visit the Health & Wellness Center on our website.

Tobacco–free Certification - $50[1]
For not using tobacco products during the previous six months.

Flu Shot + Wellness Visit - $100[2]
For receiving both a preventive wellness exam and flu shot based on claims.

Health Assessment - $50
Take an online health assessment and answer questions about lifestyle, current health and health history.

* Anthem Health Rewards eligibility applies to only employees and their spouse/domestic partner. Member must be active on the plan and activity must take place during the plan effective year. 1. To earn the tobacco-free certification reward, an employee must log in to anthem.com and certify they are tobacco-free. 2. Rewards will show in account when the provider submits claims to Anthem after the employee receives their annual preventive wellness exam and flu shot.

Anthem

Say hi to Sydney

Anthem's new app is simple, smart — and all about you

With Sydney, you can find everything you need to know about your Anthem benefits – personalized and all in one place. Sydney makes it easier to get things done, so you can spend more time focused on your health.

Get started with Sydney
Download the app today!

GET IT ON Google Play

Download on the App Store

Simple

Ready for you to use quickly, easily, seamlessly — with one-click access to benefits info, Member Services, wellness resources and more.

Smart

Sydney acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly.

Personal

Get alerts, reminders and tips directly from Sydney. Get doctor suggestions based on your needs. The more you use it, the more Sydney can help you stay healthy and save money.

With just one click, you can:

- Find care and check costs
- Check all benefits
- See claims
- Get answers even faster with our chatbot
- View and use digital ID cards

Already using one of our apps?

It's easy to make the switch. Simply download the Sydney app and log in with your Anthem username and password.

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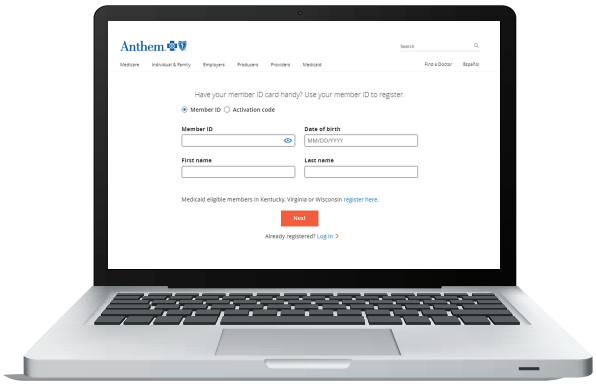
You've got quick access to your health care!

Register on **anthem.com** or the **Sydney** mobile app.* Have your member ID card handy to register



From your computer

1. Go to **anthem.com/register**
2. Provide the information requested
3. Create a username and password
4. Set your email preferences
5. Follow the prompts to complete your registration

From your mobile device

1. Download the free **Sydney** mobile app and select **Register**
2. Confirm your identity
3. Create a username and password
4. Confirm your email preferences
5. Follow the prompts to complete your registration

It's easy. Everything you need to know about your plan — including medical — in one place. Making your health care journey simple, personal — all about you.

Need help signing up?
Call us at **1-866-755-2680**.

Anthem®

* You must be 18 years or older to register your own account.

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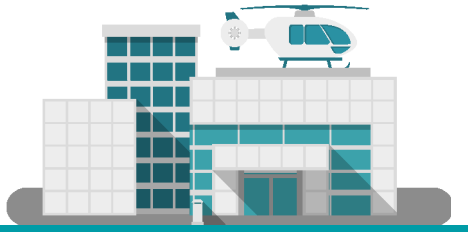
Anthem

Shop smart – compare now, save later

Did you know doctors and hospitals may charge different amounts for the same services? As an Anthem member, you can use the **Estimate Your Cost** tool on our app or website to compare costs based on your benefits. You can also use the tool to find and compare quality of care information, so you know you're getting the best care available.



Hospital 1	Examples of procedures you can compare with the Estimate Your Cost tool	Hospital 2
$4,500	Bronchoscopy (Average cost $6,200)	$7,900
$700	Chest CT scan (Average cost $800)	$1,000
$31,600	Hip replacement (Average cost $34,700)	$37,900
$31,700	Knee replacement (Average cost $34,700)	$37,700

Sample cost comparison*

Know your costs before you get care

For quick and easy cost comparison, use the Sydney app.

You can also go to anthem.com and log in to use the Estimate Your Cost tool. Search for the procedure you need and the tool will guide you.

Download on the App Store | ANDROID APP ON Google play

*These rates are national averages for the services listed. Your experience may be different depending on your specific plan, the services you receive and the health care provider. Rates as of 2018.

11916ANMENABS VPOD Rev. 6/19

Anthem

Meet My Health Dashboard

Your personal guide to better health and well-being — from Sydney Health

With My Health Dashboard on the Sydney Health mobile app, it's all about you. You'll always be able to find the health information you're interested in. Whether it's health and wellness tips you can use right now or personalized action plans you can follow to reach your health goals. My Health Dashboard is tailored to your individual health journey every step of the way.

1. Decide what's important to you

To get the most out of My Health Dashboard, just tell Sydney what matters to you. Get started by taking a quick, online health assessment. Sydney can personalize your dashboard and help you zero in on the goals you want to meet.

2. Pick an action plan

The best way to meet your health goals is with an action plan. Choose between *Get Active, Eat Healthy and Achieve a Healthy Weight*. In each plan, Sydney guides you along a path of activities developed by health experts. Move at your own pace and make progress on your goals in 30 days or less.

3. Personalize your action plan

Throughout your plan, you make choices based on what fits your lifestyle. Cut out sugar or pile on the veggies, commit to cardio or focus on mindfulness. Just be sure to sync your wearable fitness device to track every step. If your goals change or you want to try something new, you can switch to a different action plan any time.

4. Explore videos and articles

There's more you can do with My Health Dashboard, too. Get the tips you need to live healthy with videos and online articles. You can even find nutritionist-approved recipes and meal plans.

5. Keep going

Once you're on your way, Sydney helps you stay motivated with profile badges and points. Because who couldn't use some extra encouragement and a pat on the back for the hard work it takes to live healthy?

Support for you — when you need it

Anthem has resources for you and your family when you need it most. Use My Health Dashboard in Sydney Health to find and connect with the many clinical and well-being programs available, and get help with everything from pregnancy to heart disease.

Top it all off with My Health Rewards

My Health Rewards includes ways to earn up to $150 for the hard work you've put in, to use however you want. Get a massage, buy some new fitness gear, treat yourself for your hard work!

Complete My Health Dashboard activities to earn points. When you reach your first points milestone, you'll get a My Health Rewards card preloaded with money. Then, each time you reach a milestone, more money will be automatically added to your card. Your My Health Rewards card can be used wherever major credit cards are accepted.*

sydney

GET IT ON Google Play

Download on the App Store

Get started today by downloading Sydney Health and visit My Health Dashboard. Or register online at **anthem.com**.

* Members aged 18 and over, including subscribers' adult children aged 18 and older, are eligible for gym reimbursement. Payout is per member per benefit year. The amount of the reimbursement may be considered income to you and subject to state and federal taxes in the tax year it is paid. We recommend that you consult a tax expert with any questions regarding your tax obligations. This program is designed to help you make healthy, safe and small changes to your lifestyle. Before taking part in this program, talk to your doctor or health care provider – especially if you are pregnant or have an injury or medical condition. This program may not be right for everyone.

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Anthem

It Pays to Go the Extra Mile for Your Health

Earn up to $200 through Anthem Health Rewards

Get rewarded for healthy living activities you may already be doing, such as getting preventive care and being tobacco-free. There are a variety of health and wellness programs that you and your covered spouse or partner can participate in to earn rewards.

Tobacco–free Certification - $50[1]
For not using tobacco products during the previous six months.

Health Assessment - $50
For completing a free health assessment.

Well-Being Coach: Lifestyle Management
One-on-one support for employees and their covered family members.

Flu Shot + Wellness Visit - $100[2]
For receiving both a preventive wellness exam and flu shot.

Ready to Get Started?

It's easy, here's how:

1. Register online at **anthem.com**
2. Once you are logged in, go to the **Health & Wellness** section
3. Select **Get My Rewards**

You'll be taken to the Anthem Health Rewards site, where you can view activities and start earning rewards.

1. To earn the tobacco-free certification reward, an associate must log in to anthem.com and certify they are tobacco-free.
2. Rewards will show in account when the provider submits claims to Anthem after the associate receives their annual preventive wellness exam and flu shot.

Health rewards

Earn up to $200 in rewards

It's easy to get started. Here's how:

1. Register of log in at anthem.com.
2. Once you're logged in, go to the *Health & Wellness* section.
3. Select **Get My Rewards.**

You'll be taken to the Anthem Health Rewards site, where you can view activities and start earning rewards. See inside to learn more.

Anthem®

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How to make good health pay off

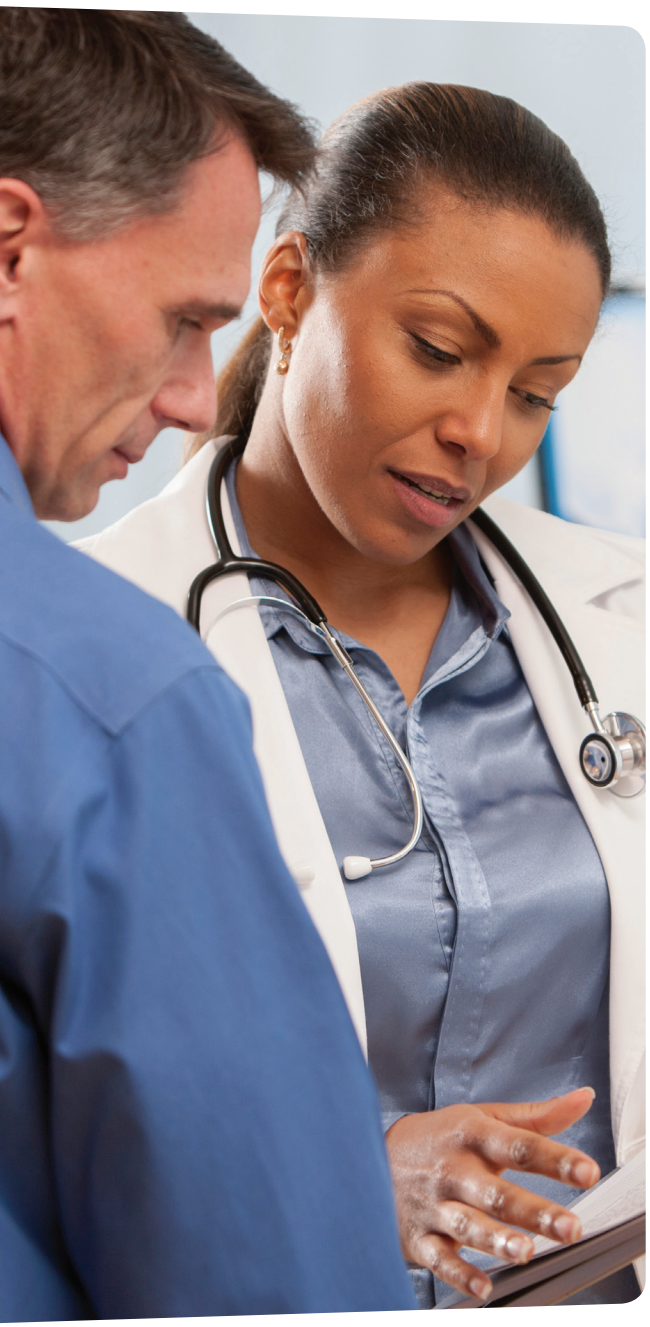
It's true that good health is its own reward. But getting something extra feels good, too. That's how Anthem Health Rewards works. It rewards you, and your covered spouse or partner, for taking part in employer-sponsored health and wellness programs. This guide lists the programs and activities you can participate in to:

- Earn rewards
- Learn about reward amounts
- Learn how you can get rewards

When you complete your first healthy activity, you'll get the Health Rewards card. It's a reloadable card you can use anywhere major credit cards are accepted [1]. As you earn more rewards, they'll be automatically deposited into your rewards account and available to spend using your Health Rewards card.

Health Assessment

It's a lot easier to get and stay healthy when you know where you stand. That's what the Health Assessment is for. It gives you a snapshot of your health, so you know what's going well and if there are any at-risk areas you should work on.



- Complete the Health Assessment, earn $50.*

To take the assessment, log in at anthem.com and go to the Health & Wellness section. All your information will be kept confidential.[2]

* To earn rewards for other activities, you must complete the Health Assessment first.

Tobacco Free

Setting health goals is a big deal. Reaching them is an even bigger one. When you achieve the health measures you and your doctor put together, we'll help you celebrate with rewards:

- Confirm you're tobacco free, earn $50.

To confirm you're tobacco-free, access the Anthem Health Rewards site through anthem.com. When you're on the site, you'll find the tobacco-free certification on the *Ways to Earn* page. Follow prompts to complete the online certification. If you're unable to earn the reward for being tobacco-free, you can still earn it by completing a Health Action Plan. The Health Action Plan form is available for download within the online certification process. All Health Action Plans must be filled out and sent in no later than 30 days after the end of the plan period for which you're seeking a reward.

Preventive care

Preventive exams give your doctor a picture of your overall health. They can help you stay healthy, catch problems early and even save your life. Sometimes it's hard to fit regular checkups and screenings into your schedule. For extra motivation, you can earn rewards. All you have to do is see your doctor for any needed exam or care listed below. You'll get your reward once your claims have been processed for all activities:*

- Get an annual wellness exam and flu shot, earn $100.

Get your wellness exam at your doctor's office (primary care doctor). You can also get your flu shot at your doctor's office, or at a pharmacy or retail clinic. You don't have to complete the wellness exam or flu shot in any particular order or together. Just be sure claims are submitted for both steps by your doctor or other provider to Anthem.

*It may take up to 75 business days from the day the second of the two preventive care steps is completed for both rewards to be disbursed to your rewards account.

Ready to get started?

It's easy, here's how:

1. Register or log in at anthem.com.
2. Once you're logged in, go to the *Health & Wellness* section.
3. Select **Get My Rewards**.

Keep up the good work and let us know if you have questions!

We hope our health rewards gives you some extra motivation to help you stay healthy. If you have any questions, don't have internet access or need help getting your rewards, call the Member Services number on your ID card.

You can also access your rewards through Engage

Just register at anthem.com or download the Engage Wellbeing app to get started.

ENGAGE

Download on the App Store

ANDROID APP ON Google play

Anthem

1 This card can be used everywhere Debit Mastercard, Maestro and NYCE cards are accepted. This card cannot be used at any ATM or to obtain cash.

2 As of January 1, 2017, the Equal Employment Opportunity Commission requires spouses/partners to submit a written authorization before completing a health assessment or biometric screening.

Subscribers and your covered spouse or partner must be 18 or older to earn rewards.

Rewards are based on benefit plan year.

With exception of the preventive care rewards, most reward payouts are disbursed to your rewards account within 4-5 business days of completing the reward activity.

The amount of rewards loaded to the Health Rewards card may be considered income to you and subject to state and federal taxes in the tax year it is paid. We recommend that you consult a tax expert with any questions regarding your tax obligations.

Health and wellness programs are not covered services under your group's medical insurance policy, but are separate components of your group health plan which are not guaranteed under your insurance Certificate and could be discontinued at any time. If it is unreasonably difficult due to a medical condition for you to achieve the standards (if any) for a reward under these programs, or if it is medically inadvisable for you to attempt to achieve the standards for the reward, we will work with you to develop another way to qualify for the reward.

Anthem

Get round-the-clock peace of mind

24/7 NurseLine has you covered anytime, anywhere

Whether it's 3 a.m. or a lazy Sunday afternoon with the family, health issues can crop up at the most inconvenient times and places.

What if you had a nurse in your back pocket — someone knowledgeable you could talk to any time of the day or night, 365 days a year?

That's why Anthem Blue Cross and Blue Shield (Anthem) offers 24/7 NurseLine, a resource you call when life throws you a curve ball.

While 24/7 NurseLine may be your first line of defense for the unexpected, it's also part of Anthem's whole-health approach. The registered nurses can help you with your baby's fever, give you allergy relief tips and advise you where to go for care.

They can also:

- Help you find providers and specialists in your area.
- Give you referrals to LiveHealth Online, a tool that allows you to have live video chats with board-certified doctors using a smartphone, tablet or computer and webcam.*
- Enroll you and your dependents in valuable health management programs for certain health conditions.
- Remind you about scheduling important screenings and exams, including dental and vision checkups.
- Provide guidance during natural catastrophes and health outbreaks.
- Offer links to health-related educational videos or audio topics.

24/7 NurseLine can connect you to Anthem's other health and wellness programs, so you have access to the best resources for the best health results.

Got health questions?

Answers are at your fingertips.

Add 800-337-4770 to your contacts today!

*Prescription availability is defined by physician judgment and state regulations. LiveHealth Online is available in most states and is expected to expand to more in the near future. Visit the home page of livehealthonline.com to view the service map by state.

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

MANSH1301A VPOD Rev. 10/15

Facing a health issue? We can help.

A hospital stay or long-term health problem can turn your life upside down. You may feel overwhelmed and not know where to get help and support.

That's why we have a team of registered nurses, supported by clinical experts, trained to help during these stressful times. They're called nurse care managers, and they're your health care advocates. Their goal is to understand your needs from all angles and help you get the best care possible.

Depending on your needs, a nurse care manager might help you:

- Find out more about your health issue and your treatment options.
- Talk with your doctors and the rest of your health care team — and encourage them to talk with each other.
- Review your health plan to help you save money and get the most value from your plan.
- Connect with resources near you, like home care services and community health programs.
- Take steps to make healthy changes in your life.

Your nurse care manager will probably call you

But if you don't pick up or if you want to reach out to us about the program, you can call the number on the back of your card and ask for Case Management.

Anthem

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Nearly 9 out of 10 members who use this service say they're "very satisfied" and would recommend the program to another member.[1]

This service doesn't cost anything extra.

Keep in mind that the nurse doesn't provide hands-on care to you. It's up to your doctors and the rest of your health care team to do that. But the nurse can work with you and your team to keep the focus where it belongs — helping you manage your health and feel better. Here's how it works:

- **Get started.** In most cases, someone from this program contacts you directly. You can also call the Customer Service number on your member ID card or the health benefits team where you work. Ask to get in touch with the Case Management team. Your nurse will call you and get to know you. You'll talk about your current health situation and how it affects you. But you'll also talk about your health goals—and how your nurse can help you reach them.
- **Stay in touch.** Your nurse will call you regularly to see how you're doing. You can get support with any health issues. This is important because your needs may change over time. You'll also have your nurse's direct phone number, so you can call if any questions or problems come up.
- **Get better.** If you don't think you need help anymore, just let your nurse know. You can stop participating at any time.
- **See us at home or the hospital.** Sometimes we may offer to send a health professional to your home, to help coordinate your care or connect you with community resources that can support your recovery after a hospital stay.[2]

An extra helping hand is a phone call away. Call Customer Service at the phone number on your ID card and ask for Case Management. To learn about other member programs available to you, visit your health plan's website.

Anthem

1 2017 Clinical Satisfaction Study: Case Management Program.
2 Not available for all funding types. Varies by market and geographic area.

LiveHealth Online

Frequently asked questions and answers

What is LiveHealth Online?

LiveHealth Online lets you have a video visit with a board-certified doctor using your smartphone, tablet or computer with a webcam. No appointments, no driving and no waiting at an urgent care center. Doctors are available 24/7 to assess your condition and, if it's needed, they can send a prescription to your local pharmacy.*

Use LiveHealth Online if you have pinkeye, a cold, the flu, a fever, rashes, infections, allergies or another common health condition. It's faster, easier and more convenient than a visit to an urgent care center.

Why would I use LiveHealth Online instead of going to visit my doctor in person?

LiveHealth Online isn't meant to replace your primary care doctor. It's a convenient option for care when your doctor isn't available. LiveHealth Online connects you with a doctor in minutes. Plus, you can get a LiveHealth Online visit summary from the *MyHealth* tab at **livehealthonline.com** to print, email or fax to your primary care doctor.

Anthem LiveHealth ONLINE

LiveHealth Online should not be used for emergency care. If you have a medical emergency, call 911 right away.

When is LiveHealth Online available?

Doctors are available 24/7, 365 days a year.

How does LiveHealth Online work?

When you need to see a doctor, simply go to livehealthonline.com or use the LiveHealth Online mobile app. Pick the state you're in and answer a few questions.

Setting up an account allows you to securely store your personal and health information. Plus, you can easily connect with doctors in the future, share your health history and set up online visits at times that fit your schedule.

Once connected, you can talk with the doctor as if you were in a private exam room.

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How much does it cost to use LiveHealth Online?

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 a doctor visit.

Will I be charged more if I use LiveHealth Online on weekends, holidays or at night?

No, the cost is the same.

How do I pay for a LiveHealth Online visit?

You can use PayPal, American Express, Visa, MasterCard and Discover cards to pay for an online doctor visit. Keep in mind that charges for prescriptions aren't included in the cost of your visit.

Is there a LiveHealth Online app that I can download to my smartphone?

Yes, search for "LiveHealth Online" in the App Store® or on Google Play™. To learn what mobile devices are supported and get instructions, go to **livehealthonline.com** and select **Frequently asked questions** under the *How it works* tab.

What type of computer do I need to use LiveHealth Online?

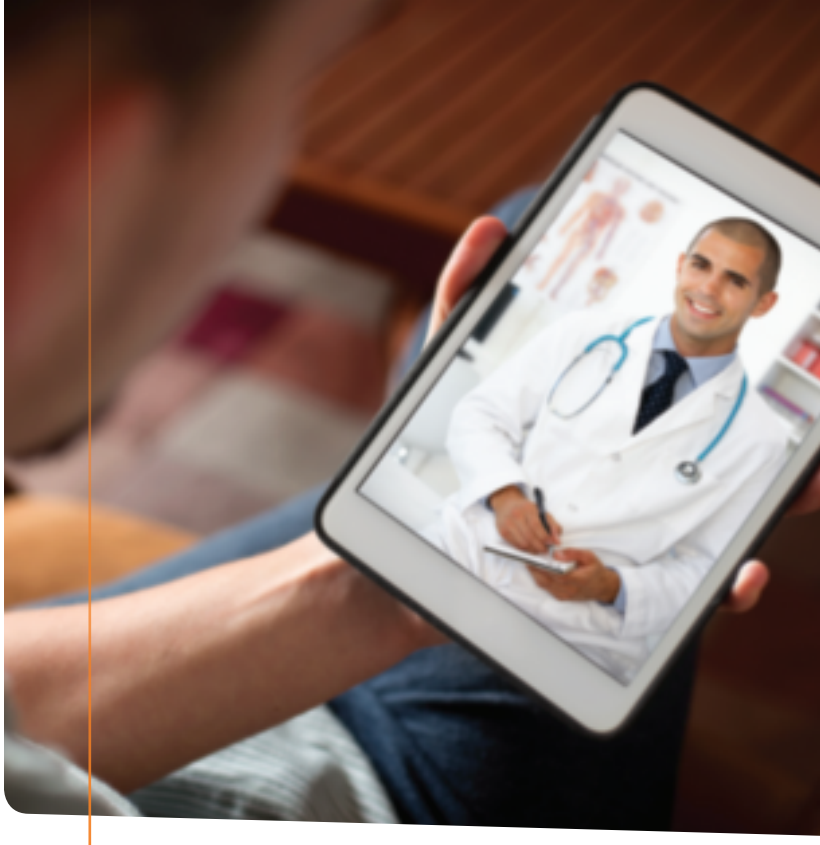
You'll need high-speed Internet access, a webcam or built-in camera with audio. To learn what computer hardware and software you need, go to **livehealthonline.com** and select **Frequently asked questions** under the *How it works* tab.

Do doctors have access to my health information?

It depends on whether or not you set up an account. With a LiveHealth Online account, you can allow doctors to access and review your health information from past visits. Also, to help keep track of your own health information, you can record it at **livehealthonline.com.** Once you sign in, go to the *MyHealth* tab and then select **Health Record**.

How long is a LiveHealth Online visit?

A typical LiveHealth Online visit with a doctor lasts about 10 minutes.



Can I get online care from a doctor if I'm traveling or in another state?

Yes, just select the state you're in under **My Location** on **livehealthonline.com** or with the app, and you'll only see doctors licensed to treat you in that state. Don't forget to change the state back when you get home.

What if I still have questions about using LiveHealth Online?

Send an email to **customersupport@livehealthonline.com** or call toll free at **1-888-548-3432**.

Anthem LiveHealth ONLINE

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

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.

Get the support you need to feel your best

ConditionCare

Take control of your health today

A little help can make a big difference when you or a family member has:

- Asthma
- Chronic obstructive pulmonary disease (COPD)
- Coronary artery disease (CAD)
- Type 1 or 2 diabetes (pediatric or adult)
- Heart failure

That's where ConditionCare comes in. This no-cost health and wellness program provides:

- 24/7, toll-free phone access to nurses who can answer health questions.
- Support from nurse care managers, dietitians and other health care professionals to help you reach your health goals.
- Educational guides, electronic newsletters and tools to help you learn more about your condition(s).

You might get a call from us to see if ConditionCare is a good fit for your needs. Before discussing your health on the phone, we'll verify your address or date of birth to be sure we're speaking only with you and protecting your privacy. Any information you share will be kept confidential.

You're never alone with ConditionCare

For more details or to join ConditionCare, call us toll free at **866-962-1069**.

Anthem BlueCross BlueShield

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Live life to the fullest – without paying full price

Save money with discounts at anthem.com

Saving money is good. Saving money on things that are good for you — that's even better. With SpecialOffers@Anthem℠, you can get discounts on products and services that help promote better health and well-being.* It's just one of the perks of being a member. Check out how much you can save:

Vision and hearing

1-800 CONTACTS® — Get contact lenses quick and easy — plus discounts only available to Anthem members, like $20 off when you spend $100 or more and free shipping.

Glasses.com™ — Get the latest, brand-name frames for just a fraction of the cost at typical retailers — every day. Plus, you get an additional $20 off orders of $100 or more, free shipping and free returns.

Premier LASIK — Save 15% on LASIK with all in-network providers. Prices are as low as $695 per eye with select providers.

Amplifon — Get a low-price guarantee with the seven top companies that work with Amplifon. Save $50 on one hearing aid or $125 on two. Plus, get a three-year repair/loss/damage warranty and a free two-year supply of batteries.

Beltone™ — Get hearing screenings and in-home service at no additional cost, and up to 50% off all Beltone hearing aids.

Fitness and health

Jenny Craig® — Join Jenny Craig and get a 30-day trial at no additional cost and 50% off enrollment.

Lindora® — Save 20% on weight-loss programs.

SelfHelpWorks — Choose one of the online Living programs and get a 40% discount to help you lose weight, stop smoking, manage stress or face an alcohol problem.

GlobalFit™ — Save on gym memberships, home fitness equipment and GlobalFit's Virtual Gym.

ChooseHealthy™ — Get preferred pricing on fitness club memberships and a one-week free trial. Enjoy discounts on acupuncture, chiropractors and massage — plus 40% off certain wellness products.

FitOrbit® — Get your own personal trainer for less than $2 a day. Fitness legend Jake Steinfeld (Body by Jake®) created FitOrbit — giving everybody the ability to afford a personal trainer.

Performance Bicycle — Get $20 off a purchase of $80 or more in store or online.

Anthem BlueCross BlueShield

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SpecialOffers@Anthem℠ on anthem.com

Family and home

Safe Beginnings® — Babyproof your home while saving 15% on everything from safety gates to outlet covers.

VPI Pet Insurance — Get 5% off pet insurance. Get peace of mind knowing that you have help paying the medical costs for your pet's accidents, illnesses and routine medical care.

ASPCA Pet Health Insurance — Get 5% off pet insurance. You can choose from three levels of care, including flexible deductibles and custom reimbursements.

LinkWell — Get coupons for healthier products.

WINFertility® — Save up to 40% on infertility treatment. WINFertility helps make quality treatment affordable.

LifeMart® — Get great deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services and yoga classes, sports gear and vision care.

Medicine and treatment

Puritan's Pride — Save 10% and get free shipping on a large selection of vitamins, minerals, herbs, supplements and much more.

Murad® — Save $25 and get a free gift with any purchase of $100 or more on skin care products.

Allergy Control products — Save 25% on Allergy Control encasings for your bed. Plus, save 20% on a variety of doctor-recommended products for a healthier home and enjoy free shipping on orders of $150 or more.

National Allergy® supply — Save 15% on mattress encasings, air filtration products, compressors and other products that can help relieve your allergy, asthma and sinus symptoms.

To find the discounts that are available to you, log in to **anthem.com** and select **Discounts**.

Anthem BlueCross BlueShield

* All discounts are subject to change without notice.

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

Take your benefits with you

With the BlueCard® PPO and BlueCard Worldwide® programs

What happens if you're away from home and you need care right away? As an Anthem Blue Cross and Blue Shield (Anthem) member, you have access to care across the country through the **BlueCard® PPO Program**. This includes **92% of doctors and 96% of hospitals in the U.S.**[1]

If you're outside the U.S., you can use the **BlueCard Worldwide® Program**. It gives you access to doctors and hospitals in nearly 200 countries and territories around the world.[2]

How to access care across the U.S.

Call 911 or **go to the nearest hospital** in an **emergency**.*

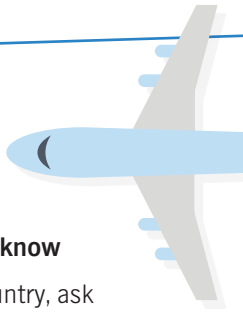
Go to **anthem.com**, log in and use the **Find a Doctor** tool to search for a BlueCard PPO Program doctor or hospital.

Use the **Anthem app** to search for a BlueCard PPO Program doctor or hospital. Get turn-by-turn directions to the nearest doctor, urgent care center or hospital.

Call Member Services at the number on your ID card. They can help you find a doctor or hospital.

*You or a family member need to call the Member Services number on your ID card within 24 hours (48 hours for members in Indiana) after going to the hospital or as soon as you can.

Traveling?



Here's what you need to know

- Before leaving the country, ask Member Services if your international benefits are different.
- Ask for approval before getting care. This is "precertification" and helps you find care covered by your plan. To see if you need precertification, call Member Services at the number on your ID card.
- Save money by seeing a BlueCard program doctor or hospital. You only pay your usual out-of-pocket amounts (such as deductible, your percentage of costs or copay). If you go to a doctor or hospital outside the program, you'll need to pay the entire bill up front.
- Show your Anthem ID card so they can check your benefits and send us a claim for processing.

Remember to carry your ID card
The "PPO-in-a-suitcase" symbol shows you can get care from BlueCard PPO Program doctors and hospitals.

Anthem BlueCross BlueShield

How to access care around the world

The BlueCard Worldwide® Program gives you benefits when you travel outside the U.S.

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

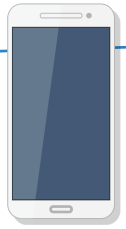
Go straight to the nearest hospital in an emergency.

Go to **bluecardworldwide.com** to search for a doctor or hospital.

Use the **BlueCard Worldwide app** to find a doctor or hospital.

Call the **BlueCard Worldwide Service Center** 24/7 at **1-800-810-2583 (BLUE)** or call collect at **1-804-673-1177**. They can help you set up a doctor visit or hospital stay.

Download the BlueCard Worldwide app today



With the app, you can:

- Search for a doctor or hospital.[3]
- Get medical terms and phrases for many symptoms translated — and even use an audio feature to play the translation.[3]
- Find a drug's generic name, local brand name and if it's available.
- Get information about how to find and contact a U.S. embassy.

Download on the App Store

GET IT ON Google Play

What if you get care from a doctor or hospital who is not part of the BlueCard Worldwide Program?

1. You will need to pay up front in full for your care.
2. Download an international claim form at **bluecardworldwide.com** or get a form by calling Member Services at the number on your ID card.
3. Fill out the claim form and send it with the original bills to the BlueCard Worldwide Service Center.

1 Blue Cross Blue Shield Association website, *About Blue Cross Blue Shield Association* (accessed January 2016): bcbs.com/about-the-association/.
2 Blue Cross Blue Shield Association website, *Blue Facts: Healthcare Coverage Designed For Your Community, Accessible Across The Country* (accessed January 2016): bcbs.com/healthcare-news/press-center/blue-facts.html.
3 Using the BlueCard Worldwide app itself does not require an Internet connection. However, using GPS for mapping or downloading an audio translation does require an Internet connection.

We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

Spanish
Usted tiene derecho a recibir ayuda en su idioma en forma gratuita. Simplemente llame al número de Servicios para Miembros que figura en su tarjeta de identificación.

Chinese
您有權免費獲得透過您使用的語言提供的幫助。請撥打您的 ID 卡片上的會員服務電話號碼。若您是視障人士，還可索取本文件的其他格式版本。

Vietnamese
Quý vị có quyền nhận miễn phí trợ giúp bằng ngôn ngữ của mình. Chỉ cần gọi số Dịch vụ dành cho thành viên trên thẻ ID của quý vị. Bị khiếm thị? Quý vị cũng có thể hỏi xin định dạng khác của tài liệu này."

Korean
귀하는 자국어로 무료지원을 받을 권리가 있습니다. ID 카드에 있는 멤버 서비스번호로 연락하십시오.

Tagalog
May karapatan ka na makakuha ng tulong sa iyong wika nang libre. Tawagan lamang ang numero ng Member Services sa iyong ID card. May kapansanan ka ba sa paningin? Maaari ka ring humiling ng iba pang format ng dokumentong ito.

Russian
Вы имеете право на получение бесплатной помощи на вашем языке. Просто позвоните по номеру обслуживания клиентов, указанному на вашей идентификационной карте. Пациенты с нарушением зрения могут заказать документ в другом формате.

Armenian
Դուք իրավունք ունեք ստանալ անվճար օգնություն ձեր լեզվով: Պարզապես զանգահարեք Անդամների սպասարկման կենտրոն, որի հեռախոսահամարը նշված է ձեր ID քարտի վրա:

Farsi
"شما این حق را دارید تا به صورت رایگان به زبان مادری تان کمک دریافت کنید. کافی است با شماره خدمات اعضا (Member Services) درج شده روی کارت شناسایی خود تماس بگیرید." دچار اختلال بینایی هستید؟ می توانید این سند را به فرمت های دیگری نیز درخواست دهید.

French
Vous pouvez obtenir gratuitement de l'aide dans votre langue. Il vous suffit d'appeler le numéro réservé aux membres qui figure sur votre carte d'identification. Si vous êtes malvoyant, vous pouvez également demander à obtenir ce document sous d'autres formats.

Arabic
لك الحق في الحصول على مساعدة بلغتك مجانًا. ما عليك سوى الاتصال برقم خدمة الأعضاء الموجود على بطاقة الهوية. هل أنت ضعيف البصر؟ يمكنك طلب أشكال أخرى من هذا المستند.

Japanese
お客様の言語で無償サポートを受けることができます。IDカードに記載されているメンバーサービス番号までご連絡ください。

Haitian
Se dwa ou pou w jwenn èd nan lang ou gratis. Annik rele nimewo Sèvis Manm ki sou kat ID ou a. Èske ou gen pwoblèm pou wè? Ou ka mande dokiman sa a nan lòt fòma tou.

Italian
Ricevere assistenza nella tua lingua è un tuo diritto. Chiama il numero dei Servizi per i membri riportato sul tuo tesserino. Sei ipovedente? È possibile richiedere questo documento anche in formati diversi

Polish
Masz prawo do uzyskania darmowej pomocy udzielonej w Twoim języku. Wystarczy zadzwonić na numer działu pomocy znajdujący się na Twojej karcie identyfikacyjnej.

Punjabi
ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫ਼ਤ ਵਿੱਚ ਮਦਦ ਹਾਸਲ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਬਸ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸਿਰਵਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? ਤੁਸ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਹੋਰ ਰੂਪਾਂਤਰ ਮੰਗ ਸਕਦੇ ਹੋ।

TTY/TTD:711

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. By calling Member Services, our members can get free in-language support, and free aids and services if you have a disability. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed in any of these areas, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit https://ocrportal.hhs.gov/ocr/portal/lobby.jsf

The legal stuff we're required to tell you

How we keep your information safe and secure

As a member, you have the right to expect us to protect your personal health information. We take this responsibility very seriously, following all state and federal laws, as well as our own policies.

You also have certain rights and responsibilities when receiving your health care. To learn more about how we protect your privacy, your rights and responsibilities when receiving health care, and your rights under the Women's Health and Cancer Rights Act, go to **anthem.com/privacy**. For a printed copy, please contact your Benefits Administrator or Human Resources representative.

How we help manage your care

To see if your health benefits will cover a treatment, procedure, hospital stay or medicine, we use a process called utilization management (UM). Our UM team is made up of doctors and pharmacists who want to be sure you get the best treatments for certain health conditions. They review the information your doctor sends us before, during or after your treatment. We also use case managers. They're licensed health care professionals who work with you and your doctor to help you manage your health conditions. They also help you better understand your health benefits.

To learn more about how we help manage your care, go to **anthem.com/memberrights**. To request a printed copy, please contact your Benefits Administrator or Human Resources representative.

Special enrollment rights

Open enrollment usually happens once a year. That's the time you can choose a plan, enroll in it or make changes to it. If you choose not to enroll, there are special cases when you're allowed to enroll during other times of the year.

- **If you had another health plan that was canceled**. If you, your dependents or your spouse are no longer eligible for benefits with another health plan (or if the employer stops contributing to that health plan), you may be able to enroll with us. You must enroll within 31 days after the other health plan ends (or after the employer stops paying for the plan). For example: You and your family are enrolled through your spouse's health plan at work. Your spouse's employer stops paying for health coverage. In this case, you and your spouse, as well as other dependents, may be able to enroll in one of our plans.
- **If you have a new dependent**. You gain new dependents from a life event like marriage, birth, adoption or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after the event. For example: If you got married, your new spouse and any new children may be able to enroll in a plan.
- **If your eligibility for Medicaid or SCHIP changes**. You have a special period of 60 days to enroll after:
  - You (or your eligible dependents) lose Medicaid or the State Children's Health Insurance Program (SCHIP) benefits because you're no longer eligible.
  - You (or eligible dependents) become eligible to get help from Medicaid or SCHIP for paying part of the cost of a health plan with us.

Get the full details

Read your ***Certificate of Coverage***, which spells out all the details about your plan. You can it find on **anthem.com**.

Notes

Ready to use your plan?

Get some extra help

If you have questions, it's easy to get answers. Contact us through our online Message Center or call the Member Services number on your ID card.

Anthem

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