



A guide to choosing your Anthem Blue Cross and Blue Shield health plan

Ohio Wesleyan University
Blue Access PPO/Dental
Effective July 1, 2016

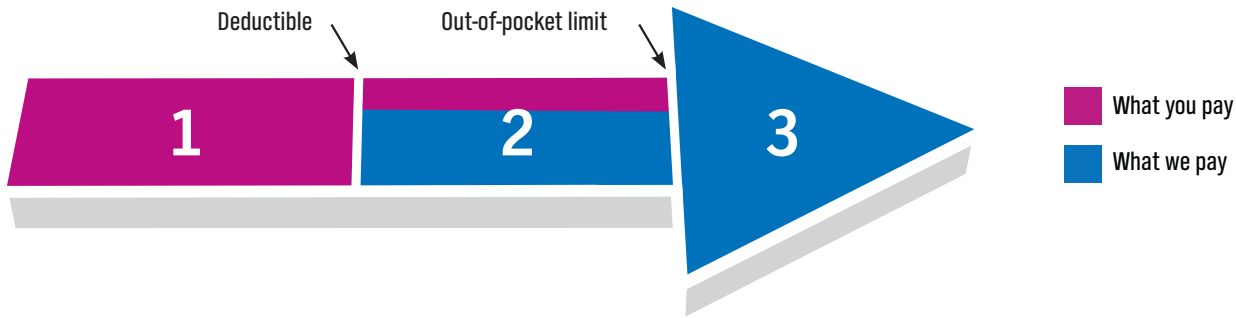
An Anthem Blue Cross and Blue Shield ID card means something

It means you have access to quality care from quality doctors. It means you can always get your questions answered. It means you have our support before you ever need health care. And that's what this guide is for. We want you to have everything you need to make a good decision.

Getting started with health insurance

Let's start with how health insurance works in general

How most health plans work



- 1. You pay your deductible.** This is a set amount that you pay before your plan starts paying for covered services. If your plan has **copays** (flat fees like \$30 for each visit) along with a deductible, you only need to pay the copay for most doctor visits.
- 2. After you meet your deductible, you and your plan share the cost of covered services.** You pay a copay or coinsurance (a percentage of the cost) each time you get care. Your insurance covers the rest.
- 3. You're protected by your plan's out-of-pocket limit.** That's the most you pay for covered health services each year. With some plans, you still have copays even after you reach your out-of-pocket limit.
 - What about the money for health insurance that gets deducted from your paycheck? That's your premium. Think of it like a membership fee. It's separate from what you pay when you get care.
 - Remember, this chart is only an example. Your actual costs will depend on the type of plan you choose, the service you get and the doctor. To see your actual costs, please refer to your plan information.

A health plan that works for you

Invest in your health with the right health plan.

The doctors, hospitals and other health care providers in our network have agreed to charge lower rates for our members.

PPO

This plan covers services from almost any doctor or hospital, but you get a discount if you use a provider from the **Preferred Provider Organization** (PPO) network. You pay more if you go to a doctor who's not in the PPO network. You don't usually need a referral from your main doctor, also called a primary care doctor, to see a specialist.

Some PPO plans may have different rules. So be sure to check your plan details.



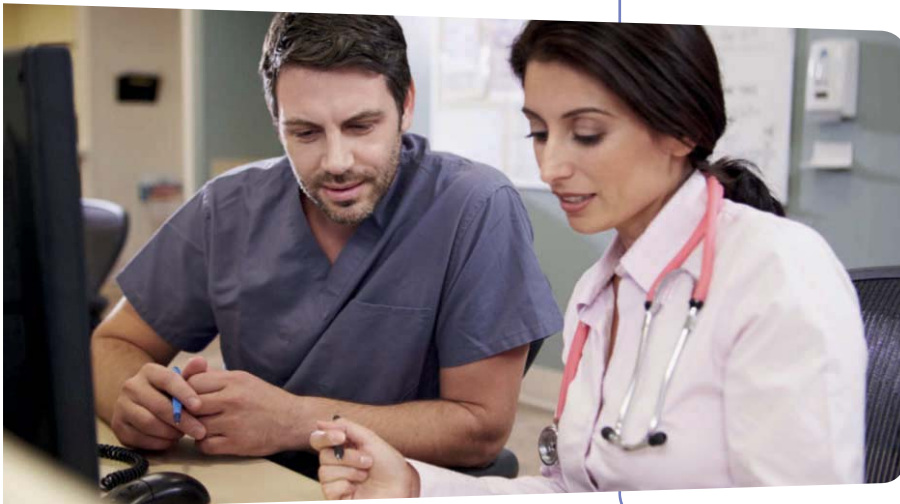
Our Anthem ID card means I can choose my child's doctor.

More coverage for you

When you enroll, you'll probably need to opt-in for the coverage options in this section.

Dental

Dental coverage not only protects your teeth, but can support overall health, too. Some conditions like heart disease, for example, have warning signs in the mouth and gums. That's why quality dental coverage is an important part of your insurance package.



My Anthem ID card means I have access to quality care from quality doctors

Frequently asked questions (FAQs)

You can register at anthem.com – your simple and convenient solution to managing your health

Can I keep my current doctor?

Yes, you can. But keep in mind that you get the most out of your plan if your doctor is part of the network. Some plans cover only services from network doctors, which means you pay for the full cost if you see a doctor outside the network. Other plans cover services from doctors outside the network – but your plan pays more of the cost when you see a network doctor. Be sure to check the details of your plan.

To find out if your doctor is in our network, or to find a new doctor or pharmacy in our network, go to our **Find a Doctor** tool on anthem.com. You can search by specialty and check a doctor's training, certifications and member reviews. Be ready to enter your plan name to view the network that serves your plan. You can also use **Find a Doctor** on your smartphone.

What prescription drugs are covered?

View the drugs we cover at www.anthem.com/national4tier.

And here's a tip: you'll often pay less for generic versions of higher-cost name brand drugs.

To learn more about pharmaceutical programs that may apply to your coverage, check out the Customer Support section on anthem.com. Then go to FAQs > Pharmacy.

How do I enroll?

You enroll by filling out a paper form.

How do I use my health plan when I need care?

After you enroll, your member ID card will come in the mail. Be sure to bring it with you to the doctor.

Is preventive care covered?

Yes, preventive care from a network provider is covered at 100%. It's very important to take care of your health with regular checkups even when you feel fine. So talk to your doctor about screenings and immunizations that you may need to protect your health.

Can I manage my health care on the Web?

Yes. As soon as you become a member, you'll be able to register at anthem.com. It's designed to help you manage your health care and your coverage simply and conveniently. Many of our members find these self-service tools helpful:

- Check on your claims.
- Find a doctor or pharmacy.
- Check the price of a drug and refill a prescription.
- Track your health care spending.
- Compare quality and costs at hospitals and other facilities.
- Go paperless.

Download the free anthem.com mobile app so you can manage your health care on the go!

Visit anthem.com/guidedtour to watch a video explaining how our website can help you.

Do I have health and wellness benefits with my plan?

Yes. In fact, we have a set of tools and resources that can help you reach your health goals. They can also save you money on products and services for your health. Just go to anthem.com and click the Health & Wellness tab. Once you're a member, you can log in and see more.

Check out these health and wellness programs your employer is providing in addition to your health insurance benefits:

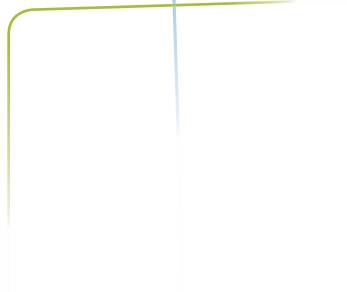
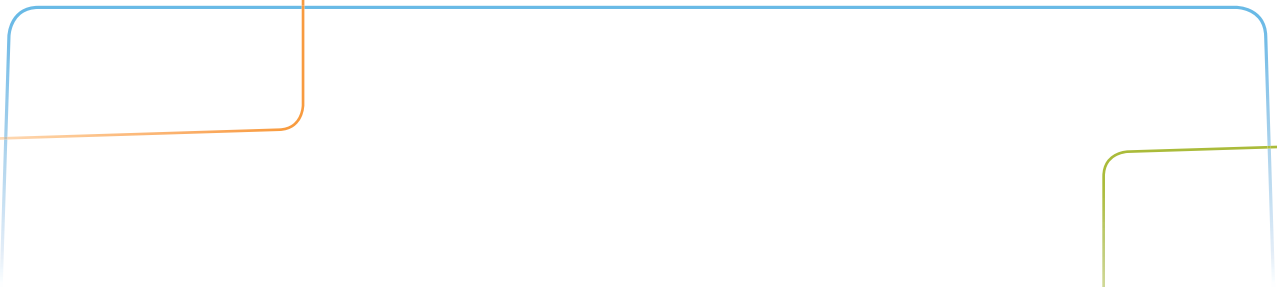
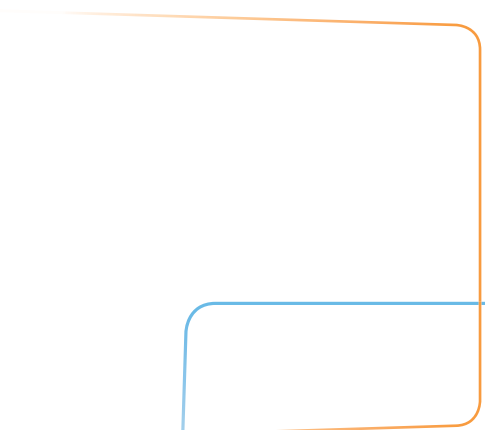
How can my plan help me save money?

You'll save money every time you go to a doctor in network – they've agreed to charge lower rates for Anthem members. But we'll also help save you money before you go to the doctor.

At anthem.com, you can compare how much a medical procedure will cost at different locations. Plus, all members get discounts on health-related products.

Your plan details

In this next section, you'll find more information about your plan.



Ohio Wesleyan University

Blue AccessSM (PPO)

Summary of Benefits, Effective 07/01/2016 HCR

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	\$1,000/\$2,000	\$2,000/\$4,000
Out-of-Pocket Limit (Single/Family)	\$3,500/\$7,000	\$7,000/\$14,000
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/Specialty Care Physician (SCP) Including Office Surgeries and allergy serum: <ul style="list-style-type: none"> allergy injections (PCP and SCP) allergy testing routine and non-routine mammograms (regardless of outpatient setting) diabetic education (regardless of outpatient setting) certain medical nutritional therapy (regardless of outpatient setting) MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies and non-maternity related Ultrasounds 	\$30/\$60 \$5 10% No Copayment/Coinsurance No Copayment/Coinsurance No Copayment/Coinsurance No copayment/coinsurance	30% 30% 30% 30% 30% 30%
Preventive Care Services Services include but are not limited to: Routine Exams, Pelvic Exams, Pap testing, PSA tests, Immunizations ¹ , Annual diabetic eye exam, Routine Vision and Hearing exams <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility 	No Copayment/Coinsurance No copayment/coinsurance	30% 30%
Emergency and Urgent Care <ul style="list-style-type: none"> Emergency Room Services @ Hospital (facility/other covered services) <i>(copayment waived if admitted)</i> Urgent Care Center Services 	\$250/10% \$75	\$250/10% \$75
Inpatient and Outpatient Professional Services Include but are not limited to: <ul style="list-style-type: none"> Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams 	10%	30%
Inpatient Facility Services Unlimited days except for: 120 days Network/Non-Network combined for skilled nursing facility	10%	30%
Outpatient Surgery Hospital/Alternative Care Facility <ul style="list-style-type: none"> Surgery and administration of general anesthesia 	10%	30%
Other Outpatient Services (including but not limited to): <ul style="list-style-type: none"> Non Surgical Outpatient Services Chemotherapy, Radiation and Dialysis. Home Care Services (Network/Non-network combined) 120 visits (excludes IV Therapy) Durable Medical Equipment and Orthotics Diagnostic Lab & X-ray Prosthetic Devices Physical Medicine Therapy Day Rehabilitation programs Hospice Care Ambulance Services 	10% 10% 10% No Copayment/Coinsurance 10% 10% 10% 10%	30% 30% 30% 30% 30% 10% 10%

Covered Benefits	Network	Non-Network
Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: <ul style="list-style-type: none"> Physical therapy: 30 visits Occupational therapy: 30 visits Manipulation therapy: 52 visits Speech therapy 	\$30/\$60 10%	30% 30%
Behavioral Health Mental Illness and Substance Abuse² <ul style="list-style-type: none"> Inpatient Facility Services Inpatient Professional Services Physician Home and Office Visits (PCP/SCP) Other Outpatient Services. Outpatient Facility @ Hospital/ Alternative Care Facility, Outpatient Professional These benefits have been tested and are compliant with Federal Mental Health Parity legislation.	10% 10% No copayment/coinsurance No copayment/coinsurance	30% 30% 30% 30%
Human Organ and Tissue Transplants³ <ul style="list-style-type: none"> Acquisition and transplant procedures, harvest and storage. 	No copayment/coinsurance	50%
Prescription Drugs Network Tier structure equals 1/2/3 <ul style="list-style-type: none"> Network Retail Pharmacies: (30-day supply) Includes diabetic test strip Anthem Rx Direct Mail Service: (90-day supply; 4th tier-30 day supply) Includes diabetic test strip Medicare Rx - Wrap	\$50 Deductible \$10/\$35/\$70/25% max of \$250 \$10/\$70/\$140/25% max of \$250	\$50 Deductible 50%, min \$75 ⁴ Not covered
Lifetime Maximum (Combined Network and Non-network)	Unlimited	Unlimited

Notes:

- All deductibles, copayments and coinsurance apply towards the out-of-pocket maximum including Prescription Drug deductibles/copayments/coinsurance and excluding Non-network Human Organ and Tissue Transplants (HOTT)
- Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services @ Hospital where a percentage (%) coinsurance applies to other covered services.
- 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 which the child attains age 26.
- Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYN's and Geriatrics or any other Network Provider as allowed by the plan.
- Physicians Home and office visit copayment also applies if the office visit is billed with allergy injections.
- No copayment/coinsurance 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.
- 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.
- Certain diabetic and asthmatic supplies have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies except diabetic test strips.
- Benefit period = calendar year

¹These covered services are not subject to the deductible/copayment if you have a flat dollar copayment and if rendered without an office visit.

²We encourage you to contact Our Mental Health Subcontractor to assure the use of appropriate procedures setting and medical necessity.

³Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.

⁴Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

Precertification:

- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help avoid any unnecessary reduction in benefits for non-covered or non-medically necessary services.

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

Your Summary of Benefits
Ohio Wesleyan University: Low Plan
Anthem Dental Complete



WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your certificate of coverage.

Dental coverage you can count on

Your Anthem dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose one within our large network.

Savings beyond your dental plan benefits - you get more for your money.

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE		In-Network	Out-of-Network
Annual Benefit Maximum ▪ Per insured person	Calendar Year	\$1,000	\$1,000
D&P applies to Annual Maximum		Yes	Yes
Annual Maximum Carryover		No	No
Orthodontic Lifetime Benefit Maximum ▪ Per eligible insured person		N/A	N/A
Annual Deductible ▪ Per insured person ▪ Family maximum	Calendar Year	\$50 3X Individual	\$50 3X Individual
Deductible Waived for Diagnostic/Preventive Services		Yes	Yes
Out-of-Network Reimbursement Options:		90th percentile	
Dental Services		In-Network Anthem Pays:	Out-of-Network Anthem Pays:
Diagnostic and Preventive Services ▪ Periodic oral exam ▪ Teeth cleaning (prophylaxis) ▪ Bitewing X-rays: 1X per 12 months ▪ Intraoral X-rays		100% Coinsurance	90% Coinsurance
Basic Services ▪ Amalgam (silver-colored) Filling ▪ Front composite (tooth-colored) Filling ▪ Back composite Filling, Alternated to Amalgam Benefit ▪ Simple Extractions		80% Coinsurance	60% Coinsurance
Endodontics ▪ Root Canal		50% Coinsurance	25% Coinsurance
Periodontics ▪ Scaling and root planing		50% Coinsurance	25% Coinsurance
Oral Surgery ▪ Surgical Extractions		50% Coinsurance	25% Coinsurance
Major Services ▪ Crowns		50% Coinsurance	25% Coinsurance
Prosthodontics ▪ Dentures ▪ Bridges ▪ Dental implants Standard - Covered		50% Coinsurance	25% Coinsurance
Prosthetic Repairs/Adjustments		50% Coinsurance	25% Coinsurance
Orthodontic Services ▪ None		Not Covered	Not Covered
			N/A

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

Emergency dental treatment for the international traveler

As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.** With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

** The International Emergency Dental Program is managed by DeCare Dental, which is an independent company offering dental-management services to Anthem Blue Cross Life and Health Insurance Company.

Finding a dentist is easy.

To select a dentist by name or location:

- Go to anthem.com/mydentalvision or the website listed on the back of your ID card.
- Call the toll-free customer service number listed on the back of your ID card.

TO CONTACT US:

Call	Write
Refer to the toll-free number indicated on the back of your plan ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.	Refer to the back of your plan ID card for the address.

Limitations & Exclusions

<p>Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.</p> <p>Diagnostic and Preventive Services</p> <p>Oral evaluations (exam) Limited to two per Calendar Year</p> <p>Teeth cleaning (prophylaxis) Limited to two per Calendar Year</p> <p>Intraoral X-rays, single film Limited to four films per 12-month period</p> <p>Complete series X-rays (panoramic or full-mouth) Coverage Every 5 Years</p> <p>Topical fluoride application Limited to once every 12 months for members through age 18</p> <p>Sealants Limited to first and second molars once every 24 months per tooth for members through age 15; sealants may be covered under Diagnostic and Preventive or Basic Services.</p> <p>Basic and/or Major Services**</p> <p>Fillings Limited to once per surface per tooth in any 24 months</p> <p>Space Maintainers Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16; Space Maintainers may be covered under Diagnostic and Preventive or Basic Services.</p> <p>Crowns Limited to once per tooth in a seven-year period</p> <p>Fixed or removable prosthodontics – dentures, partials, bridges, tooth implants</p> <p>Covered once in any seven-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is seven years old or older and cannot be made serviceable.</p> <p>Root canal therapy Limited to once per lifetime per tooth; coverage is for permanent teeth only.</p> <p>Periodontal surgery Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater</p> <p>Periodontal scaling and root planing Limited to once per quadrant in 36 months when the tooth pocket has a depth of four millimeters or greater</p> <p>Brush Biopsy Not Covered</p> <p>***Waiting periods for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.</p> <p>There is a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.</p>	<p>Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your certificate of coverage for a full list.</p> <p>Services provided before or after the term of this coverage</p> <p>Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate</p> <p>Orthodontics (unless included as part of your dental plan benefits) Orthodontic braces, appliances and all related services</p> <p>Cosmetic dentistry Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist</p> <p>Drugs and medications Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care</p> <p>Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.</p> <p>Extractions - Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member</p>
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The in-network dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Anthem Blue Cross Life and Health Insurance Company.



Choice of dentists

While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit an out-of-network dentist.

Here's why:

In-network dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, out-of-network dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the "maximum allowed amount" – and the amount they usually charge for a service. When they bill you for this difference, it's called "balance billing."

How Anthem dental decides on maximum allowed amounts

For services from an out-of-network dentist, the maximum allowed amount is determined in one of the following ways:

- Out-of-network dental fee schedule/rate developed by Anthem, which may be updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data
- Information provided by a third-party vendor that shows comparable costs for dental services
- In-network dentist fee schedule

Here's an example of higher costs for out-of-network dental services

This is an example only. Your experience may be different, depending on your insurance plan, the services you receive and the dentist who provides the services.

Ted gets a crown from an out-of-network dentist, who charges \$1,200 for the service and bills Anthem for that amount.

Anthem's maximum allowed amount for this dental service is \$800. That means there will be a \$400 difference, which the dentist can "balance bill" Ted.

Since Ted will also need to pay \$400 coinsurance, the total he'll pay the out-of-network dentist is \$800.

Here's the math:

- Dentist's charge: \$1,200
- Anthem's maximum allowed amount: \$800
- Anthem pays 50%: \$400
- Ted pays 50% (coinsurance): \$400
- Balance Ted owes the provider: $\$1,200 - \$800 = \$400$
- Ted's total cost: $\$400$ coinsurance + $\$400$ provider balance = $\$800$

In the example, if Ted had gone to an in-network dentist, his cost would be only \$400 for the coinsurance because he would not have been "balance billed" the \$400 difference.

**Your Summary of Benefits
Ohio Wesleyan University: High Plan
Anthem Dental Complete**



WELCOME TO YOUR DENTAL PLAN!

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Dental coverage you can count on

Your Anthem dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose one within our large network.

Savings beyond your dental plan benefits - you get more for your money.

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE	In-Network	Out-of-Network	
Annual Benefit Maximum ▪ Per insured person Calendar Year	\$1,500	\$1,000	
D&P applies to Annual Maximum	Yes	Yes	
Annual Maximum Carryover	No	No	
Orthodontic Lifetime Benefit Maximum ▪ Per eligible insured person	\$1,000	\$1,000	
Annual Deductible (The Deductible does not apply to Orthodontic Services) ▪ Per insured person ▪ Family maximum Calendar Year	\$50 3X Individual	\$50 3X Individual	
Deductible Waived for Diagnostic/Preventive Services	Yes	Yes	
Out-of-Network Reimbursement Options:	90th percentile		
Dental Services	In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services ▪ Periodic oral exam ▪ Teeth cleaning (prophylaxis) ▪ Bitewing X-rays: 1X per 12 months ▪ Intraoral X-rays	100% Coinsurance	100% Coinsurance	No Waiting Period
Basic Services ▪ Amalgam (silver-colored) Filling ▪ Front composite (tooth-colored) Filling ▪ Back composite Filling, Alternated to Amalgam Benefit ▪ Simple Extractions	90% Coinsurance	80% Coinsurance	No Waiting Period
Endodontics ▪ Root Canal	60% Coinsurance	50% Coinsurance	No Waiting Period
Periodontics ▪ Scaling and root planing	60% Coinsurance	50% Coinsurance	No Waiting Period
Oral Surgery ▪ Surgical Extractions	90% Coinsurance	80% Coinsurance	No Waiting Period
Major Services ▪ Crowns	60% Coinsurance	50% Coinsurance	No Waiting Period
Prosthodontics ▪ Dentures ▪ Bridges ▪ Dental implants Standard - Covered	60% Coinsurance	50% Coinsurance	No Waiting Period
Prosthetic Repairs/Adjustments	60% Coinsurance	50% Coinsurance	No Waiting Period
Orthodontic Services ▪ Dependent Children Only*	50% Coinsurance	50% Coinsurance	No Waiting Periods

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*Child orthodontic coverage begins at age eight and runs through age 18. This means that the child must have been banded between the ages of eight and 19 in order to receive coverage. If children are dependents until age 19, they can continue to receive coverage, but they must have been banded before age 19.

OH_PCLG_FI-Custom

Emergency dental treatment for the international traveler

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Limitations & Exclusions

Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.

Diagnostic and Preventive Services

Oral evaluations (exam) Limited to two per Calendar Year

Teeth cleaning (prophylaxis) Limited to two per Calendar Year

Intraoral X-rays, single film Limited to four films per 12-month period

Complete series X-rays (panoramic or full-mouth) Coverage Every 5 Years

Topical fluoride application Limited to once every 12 months for members through age 18

Sealants Limited to first and second molars once every 24 months per tooth for members through age 15; sealants may be covered under Diagnostic and Preventive or Basic Services.

Basic and/or Major Services**

Fillings Limited to once per surface per tooth in any 24 months

Space Maintainers Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16; Space Maintainers may be covered under Diagnostic and Preventive or Basic Services.

Crowns Limited to once per tooth in a seven-year period

Fixed or removable prosthodontics – dentures, partials, bridges, tooth implants

Covered once in any seven-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is seven years old or older and cannot be made serviceable.

Root canal therapy Limited to once per lifetime per tooth; coverage is for permanent teeth only.

Periodontal surgery Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater

Periodontal scaling and root planing Limited to once per quadrant in 36 months when the tooth pocket has a depth of four millimeters or greater

Brush Biopsy Not Covered

*****Waiting periods** for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.

There is a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES

Orthodontia Limited to one course of treatment per member per lifetime

Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your certificate of coverage for a full list.

Services provided before or after the term of this coverage

Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

Orthodontics (unless included as part of your dental plan benefits) Orthodontic braces, appliances and all related services

Cosmetic dentistry Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

Drugs and medications Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

Extractions - Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member

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For services from an out-of-network dentist, the maximum allowed amount is determined in one of the following ways:

- Out-of-network dental fee schedule/rate developed by Anthem, which may be updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data
- Information provided by a third-party vendor that shows comparable costs for dental services
- In-network dentist fee schedule

Here's an example of higher costs for out-of-network dental services

This is an example only. Your experience may be different, depending on your insurance plan, the services you receive and the dentist who provides the services.

Ted gets a crown from an out-of-network dentist, who charges \$1,200 for the service and bills Anthem for that amount.

Anthem's maximum allowed amount for this dental service is \$800. That means there will be a \$400 difference, which the dentist can "balance bill" Ted.

Since Ted will also need to pay \$400 coinsurance, the total he'll pay the out-of-network dentist is \$800.

Here's the math:

- Dentist's charge: \$1,200
- Anthem's maximum allowed amount: \$800
- Anthem pays 50%: \$400
- Ted pays 50% (coinsurance): \$400
- Balance Ted owes the provider: $\$1,200 - \$800 = \$400$
- Ted's total cost: $\$400$ coinsurance + $\$400$ provider balance = $\$800$

In the example, if Ted had gone to an in-network dentist, his cost would be only \$400 for the coinsurance because he would not have been "balance billed" the \$400 difference.

Take care of yourself. Use your preventive care benefits.



Getting regular checkups and exams can help you stay well and catch problems early. It may even save your life.

Our health plans offer the services listed in this preventive care flier at no cost to you.¹ When you get these services from doctors in your plan's network, you don't have to pay anything out of your own pocket. You may have to pay part of the costs if you use a doctor outside the network.

Preventive versus diagnostic care

What's the difference? Preventive care helps protect you from getting sick. Diagnostic care is used to find the cause of existing illnesses. For example, say your doctor suggests you have a colonoscopy because of your age when you have no symptoms. That's preventive care. On the other hand, say you have symptoms and your doctor suggests a colonoscopy to see what's causing them. That's diagnostic care.

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 body mass index (BMI)
- Hemoglobin or hematocrit (blood count)
- HPV screening (female)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10–24, with fair skin, about ways to lower 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 screening² when done as part of a preventive care visit

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Haemophilus influenza type b (Hib)
- Hepatitis A and Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chickenpox)

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and, including genetic testing for BRCA 1 and BRCA 2 when certain criteria are met³
- Breast-feeding: primary care intervention to promote breast-feeding support, supplies and counseling (female)^{4,5}
- Contraceptive (birth control) counseling
- FDA-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening⁵
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: includes, but is not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV⁵
- Pelvic exam and Pap test, including screening for cervical cancer

The preventive care services listed are recommendations as a result of the Affordable Care Act (ACA, or health care reform law). The services listed may not be right for every person. Ask your doctor what's right for you, based on your age and health condition(s).

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 govern. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for Exclusions and Limitations.

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 CT colonography (as appropriate)
- 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 vision²
- Hearing screening
- Height, weight and 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 years⁶
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and PSA test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and Hepatitis B
- HPV
- Influenza (flu)
- Meningococcal (meningitis)
- Measles, mumps and rubella (MMR)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles) for those 60 years and older

A word about pharmacy items

For 100% coverage of over-the-counter (OTC) drugs and other pharmacy items listed below, the person receiving the item(s) must meet the age and other specified criteria. You need to work with your in-network doctor or other health care provider to get a prescription for the item(s) and take the prescription to an in-network pharmacy. Even if the item(s) do not “need” a prescription to purchase them, if you want the item(s) covered at 100%, you have to have the prescription.

Child preventive drugs and other pharmacy items — age appropriate:

- Dental fluoride varnish to prevent tooth decay of primary teeth for children from birth to 5 years old
- Fluoride supplements for children from birth through 6 years old
- Iron supplements for children 6-12 months

Adult preventive drugs and other pharmacy items — age appropriate:

- Aspirin use for the prevention of cardiovascular disease including aspirin for men ages 45-79 and women ages 55-79
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Tobacco cessation products including select generic prescription drugs, select brand-name drugs with no generic alternative, and FDA-approved over-the-counter products, for those 18 and older
- Vitamin D for men and women over 65

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

- Contraceptives including generic prescription drugs, brand-name drugs with no generic alternative, and over-the-counter items like female condoms or spermicides^{5,7}
- Low dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women 55 years old or younger
- Breast cancer risk-reducing medications following the U.S. Preventive Services Task Force criteria (such as tamoxifen and raloxifene)⁶

¹ The range of preventive care services covered at no cost share when provided in-network are designed to meet the requirements of federal and state law. The Department of Health and Human Services has defined the preventive services to be covered under federal law with no cost share as those services described in the 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 the 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 Customer Service number on your ID card.

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

³ Check your medical policy for details.

⁴ Breast pumps and supplies must be purchased from an in-network medical provider for 100% coverage; we recommend using an in-network durable medical equipment (DME) supplier.

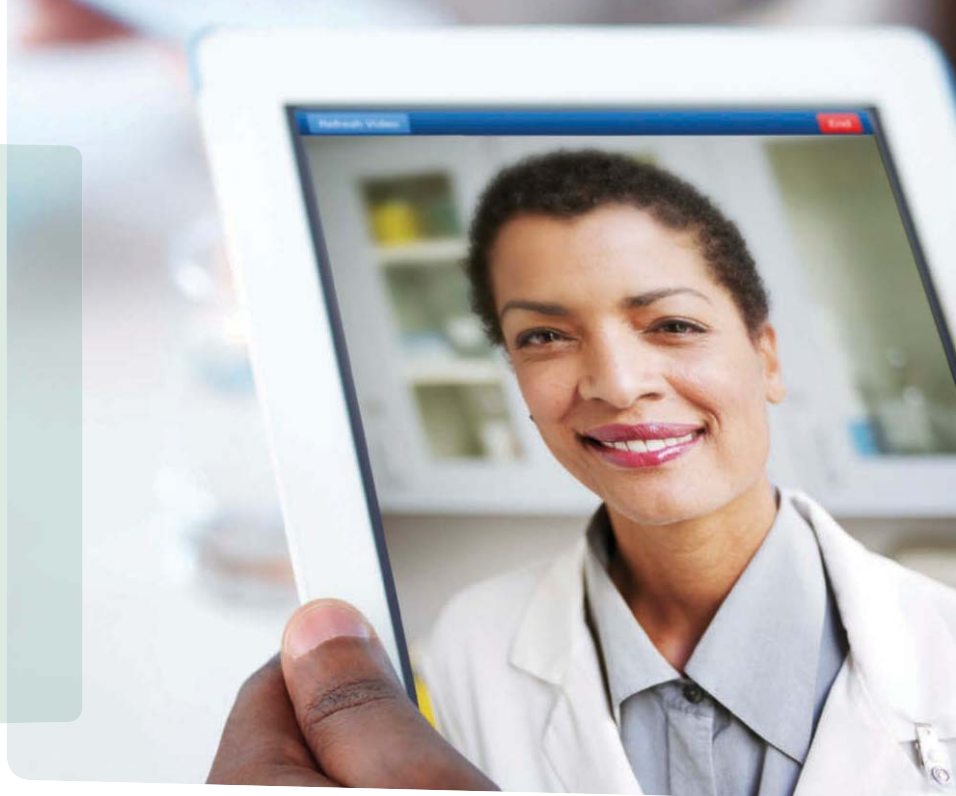
⁵ This benefit also applies to those younger than 19.

⁶ You may be required to get prior authorization for these services.

⁷ A cost share may apply for other prescription contraceptives, based on your drug benefits.

LiveHealth Online

Quick and easy access
to a doctor 24/7



Have you ever been at work and didn't feel well? Maybe you had a fever or a sore throat but you didn't have time to leave and see your doctor or go to urgent care. Now, with LiveHealth Online, you can see a board-certified doctor in minutes.

Just use your smartphone, tablet or computer with a webcam. It's so convenient, almost 90% of people who've used it feel they saved two hours or more and would use it again in the future.¹ Plus, online visits using LiveHealth Online are already part of your Anthem Blue Cross and Blue Shield benefits. To start using LiveHealth Online, all you need to do is sign up at livehealthonline.com or download the app.

Sign up for free today and get:

- 1. 24/7 access to doctors.** They can assess your condition, provide treatment options and even send a prescription to the pharmacy of your choice, if needed.² It's a great way to get care when your doctor isn't available.
- 2. Medical care when you need it.** For things like the flu, a cold, sinus infection, pink eye, rashes, fever and more.
- 3. Convenience.** Since there are no appointments or long waits. In fact, most people are connected to a doctor in about 10 minutes or less.

Doctors using LiveHealth Online typically charge \$49 or less per visit, depending on your health plan.

LiveHealth Online Psychology

An easy, convenient way to see a therapist or psychologist in just a few days

If you're feeling stressed, worried, or having a tough time, you can talk to a licensed psychologist or therapist through video using LiveHealth Online Psychology. It's easy to use, private and, in most cases, you can see a therapist within four days or less.³ All you have to do is sign up at livehealthonline.com or download the app to get started. The cost is similar to what you'd pay for an office therapy visit.

Make your first appointment – when it's easy for you

- Use the app or go to livehealthonline.com and log in. Select **LiveHealth Online Psychology** and choose the therapist you'd like to see.
- Or, call LiveHealth Online at **1-844-784-8409** from 7 a.m. to 11 p.m.
- You'll get an email confirming your appointment.



LiveHealth Online: what you need to know

What kind of doctors can you see on LiveHealth Online?

Doctors on LiveHealth Online are:

- Board certified with an average of 15 years of practicing medicine
- Mainly primary care physicians
- Specially trained for online visits

When can you use LiveHealth Online?

LiveHealth Online is a great option for care when your own doctor isn't available and more convenient than a trip to the urgent care. With LiveHealth Online, you can receive medical care for things like:

- Cold and flu symptoms, such as a cough, fever and headaches
- Allergies
- Sinus infections and more

How do I pay for an online visit using LiveHealth Online?

LiveHealth Online accepts Visa, MasterCard and Discover cards as payment for an online doctor visit. Keep in mind that charges for prescriptions aren't included in the cost of your doctor visit.

LiveHealth Online Psychology

What conditions can be treated when you have a visit with a psychologist or therapist?

You can get help for these types of conditions:

- Stress
- Anxiety
- Depression
- Family or relationship issues
- Grief
- Panic attacks
- Stress from coping with a sickness



How much does a therapist visit cost?

The cost should be similar to what you'd pay for an office therapy visit, depending on your benefits, copay or coinsurance. You'll see what you owe before you start a visit and any cost is charged to your credit card. The cost is the same no matter when you have the visit — whether it's a weekday, the weekend, evening or a holiday.

How do I decide which therapist to see?

After you log in at livehealthonline.com or with the app, select **LiveHealth Online Psychology**. Next, you can read profiles of therapists and psychologists. Once you select the one you would like to see, schedule a visit online or by phone. At the end of the first visit, you can set up future visits with the same therapist if both of you feel it's needed. You always have the choice of the therapist you want to see.

What else do I need to know about LiveHealth Online Psychology?

- You must be at least 18 years old to see a therapist online and have your own LiveHealth Online account.
- Psychologists and therapists using LiveHealth Online do not prescribe medications.
- Visits usually last about 45 minutes.

Get started today

It's quick and easy to sign up for LiveHealth Online. Just go to livehealthonline.com or download the mobile app at [Google Play™](https://play.google.com/store/apps/details?id=com.livehealthonline) or the [App StoreSM](https://apps.apple.com/us/app/livehealth-online/id1444444444).



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. Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

1 LiveHealth Online user feedback survey, May 2015.

2 Prescription availability is defined by physician judgment and state regulations. LiveHealth Online is available in most states and is expected to grow more in the near future. Please visit the map at livehealthonline.com for more details.

3 Appointments subject to availability of a therapist.

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Frequently asked questions

What is LiveHealth Online?

With LiveHealth Online, you have a doctor by your side 24/7. LiveHealth Online lets you talk face-to-face with a doctor through your mobile device or a computer with a webcam. No appointments, no driving and no waiting at an urgent care center.

Use LiveHealth Online for common health concerns like colds, the flu, fevers, rashes, infections, allergies and more! 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 is not meant to replace your primary care physician. It's a convenient option for care when your physician is not available. LiveHealth Online connects you with a board-certified doctor in just a couple of minutes. Plus, you can get a LiveHealth Online visit summary from the *MyHealth* tab to print, email or fax to your primary doctor.

LiveHealth Online should not be used for emergency care. If you experience a medical emergency, call **911** immediately.

When is LiveHealth Online available?

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

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

Yes, to use a mobile device, 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.

Do doctors have access to my health information?

Sometimes – 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 self-report it at livehealthonline.com. Once you sign in, go to the *MyHealth* tab and then select **Health Record**.

How does LiveHealth Online work?

When you need to see a doctor, simply go to livehealthonline.com or access the LiveHealth Online mobile app. Select the state you are located in and answer a few questions.

Establishing 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 schedule online visits at times that fit your schedule.

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

How long does a LiveHealth Online session with a doctor usually last?

A typical LiveHealth Online session lasts about 10 minutes.

How much does it cost to use LiveHealth Online?

The cost for an online doctor visit is just \$49 if you don't have a health plan, if your plan doesn't cover online visits or if you haven't met your plan's deductible. If your health plan covers these visits, you may owe less. Either way, you will always see what you owe before you begin a 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 session?

LiveHealth Online accepts Paypal, American Express, Visa, MasterCard and Discover cards as payment for an online doctor visit. Keep in mind that charges for prescriptions aren't included in the cost of your doctor visit.

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

Yes, just make sure to select the state you're in under *My Location* and you'll only see doctors licensed to treat you in that state. Don't forget to change your state back when you get home.

Why do some states offer prescriptions after my visit and other states don't?

Some state laws and regulations require a face-to-face visit before allowing prescriptions. Every state is different. The laws may change, so check the LiveHealth Online Availability page to see if there have been changes in your state.

Please note that doctors using LiveHealth Online are not able to prescribe controlled substances or lifestyle drugs.

Do I have what I need to access doctors through LiveHealth Online?

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

Who do I get in touch with if I still have questions?

You can email, customersupport@livehealthonline.com or call toll free at 1-855-603-7985.

If you send us an email, please be sure to include:

- Your name
- Your email
- A phone number where you can be reached



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.

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Getting started with home delivery pharmacy

If you take prescribed medicine on a regular basis, you can get up to a 90-day supply mailed right to your door.*

Here's how to start:

Step one

Create your account and print your order form

There are two ways to do this:

- Log on to your health plan's website.
 - Register at your health plan website if you haven't done so.
 - Click **Prescription Benefits** in the *Useful Tools* box.
 - Click **Start a New Prescription**.

This takes you to the Express Scripts[®] website. You can find out how to:

- Print an order form to mail in with your prescription.
- Print a fax form to take to your doctor to fax in your prescription.
- See how much your medicine will cost.

Step two

See your doctor for a prescription for a 90-day supply of your medicine

You'll need a 90-day supply prescription for your first home delivery pharmacy order. But you should also ask your doctor to write you another prescription for a 30-day supply. This is so you

can get the 30-day supply filled at your local pharmacy while your first order is being processed.

- Your doctor can give you a prescription to mail in with your order form.
- Or, the doctor can fill out the physician fax form and fax it to the phone number on the form.

If your doctor prescribes a brand-name drug, your plan design may require the home delivery pharmacy to substitute the generic version instead.

Step three

Paying for your prescription

You can pay by e-check, check, money order or credit card. You can enroll in e-check payments, have credit cards on file through the website or call the number on your member ID card.

Step four

Send us your prescription

You can send us your prescription in two ways:

- **Mail:** Fill out the order form and mail it with the prescription and payment (if you're using a check/money order) to the address listed on the form. Please fill out payment information on the form if you're not using a check/money order.
- **Fax:** Your doctor can complete the physician fax form and fax it to the phone number on the form.

All prescriptions and refills, including those sent in by your doctor, are processed as soon as they are received. Please don't send in your prescription unless you are ready to have it filled.

Important to know

In most cases, your medicine will be sent to your home within two weeks from the time the home delivery pharmacy gets your order. If you need your medicine sooner, call the number on your ID card to ask for your order to be sent overnight. Please allow three to five days for processing plus the shipping time. You will be charged an additional fee. Your order will be sent through the post office, UPS or FedEx. Please note, with some medicines, you may have to sign to accept delivery.

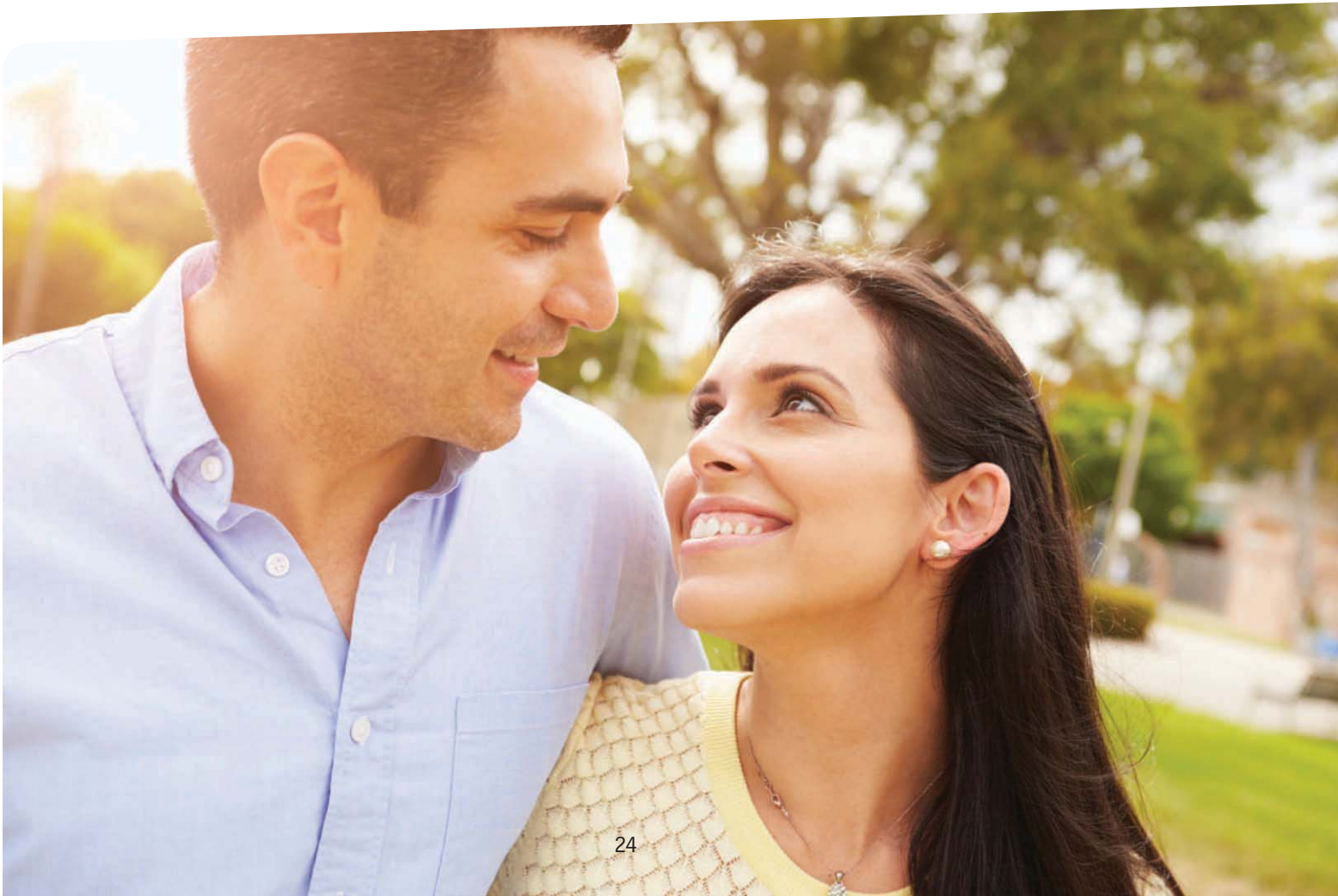
Need help getting started?

Call the phone number on your ID card. You will be transferred to the home delivery pharmacy. They can help you get started.

*Based on drug benefit plan design.

*Express Scripts is a separate company that manages pharmacy services and benefits on behalf of health plan members.

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Patient/doctor information continued

First name

Last name

Birth date (MM/DD/YYYY)

Sex

Patient's relationship to member

 M F Self Spouse Dependent

Doctor's last name

1st initial

Doctor's phone number

First name

Last name

Birth date (MM/DD/YYYY)

Sex

Patient's relationship to member

 M F Self Spouse Dependent

Doctor's last name

1st initial

Doctor's phone number

Important reminders and other information

Check that your doctor has prescribed the maximum days' supply allowed by your plan (not a 30-day supply), plus refills for up to 1 year, if appropriate. Also, ask your doctor or pharmacist about safe, effective, and less expensive generic drugs.

Complete the Health, Allergy & Medication Questionnaire.

There may be a limit to the balance that you can carry on your account. If this order takes you over the limit, you must include payment. Avoid delays in processing by using e-checks or a credit card. (See Section 3 for details.)

If you are a Medicare Part B beneficiary AND have private health insurance, check your prescription drug benefit materials to determine the best way to get Medicare Part B drugs and supplies. Or, call Member Services at the phone number found on your ID card. To verify Medicare Part B prescription coverage, call Medicare at 1.800.633.4227.

Express Scripts will make all possible efforts, as appropriate by law, to substitute generic formulations of medication, unless you or your doctor specifically directs otherwise.

Pennsylvania and Texas laws permit pharmacists to substitute a less expensive generic equivalent for a brand-name drug unless you or your doctor directs otherwise.

Check the box if you do not wish a less expensive brand or generic drug.

Please note that this applies only to new prescriptions and to any refills of that prescription.

For additional information or help, visit us at Express-Scripts.com or call Member Services at the phone number found on your ID card. TTY/TDD users should call 1.800.759.1089.

Federal law prohibits the return of dispensed controlled substances.

Program: <<XXXXXXXXXX>>



The **Medco Pharmacy** is now
a part of the Express Scripts
family of pharmacies

Place your prescription(s), this form, and your payment in the envelope provided. Be sure the address shows through the window. Do not use staples or paper clips.

EXPRESS SCRIPTS
PO BOX 66558
ST. LOUIS, MO 63166-6558



FOLD HERE

FOLD HERE

Enhanced Personal Health Care

Helping your doctor help you



Enhanced Personal Health Care is our approach to patient-centered care. It helps doctors do what they do best — take care of their patients. And it helps you get the right level of care, from the right kind of health care provider, at the right time. All of that helps you live a better, healthier life.

It's about your health, your way. And you can count on your primary care doctor (PCP) to be there for you at every step.

How does Enhanced Personal Health Care work?

We help the doctors who are part of Enhanced Personal Health Care treat you as a whole person — not as a sore throat or a backache.

We do this by giving your doctor tools and information to help you make the best decisions for your health care together. And we encourage your doctor to be available by phone or email, so you don't need an office visit when you just want to ask a quick question. If you do need to see a doctor, you may be able to see one when it's best for you — early mornings, evenings or weekends.

This is the kind of approach to care that a lot of the PCPs in our networks give.

Want to find an Enhanced Personal Health Care primary care doctor?

Go to anthem.com and select **Find a Doctor**. Pick a state and a plan/network, and choose **Select and Continue**. Enter your location and search distance. Be sure to select the boxes for **Able to serve as primary care physician (PCP)** and **Enhanced Personal Health Care** under *Show more options*. Choose **Search**.

Why do you need a PCP?

Simple. A PCP helps you get and stay healthy. This doctor is your health champion.

Whether you go to your doctor rarely or often, you should find a PCP you like and trust. Your PCP will be there for you whenever you need care, focusing on your “whole” health — not just your symptoms. This doctor knows you well, understands how you want to get care and will work with other health care providers when you need more care. Your PCP will also focus on preventive care and wellness to keep you healthy.

Who is a PCP?

There are different kinds of PCPs:

- *Family practitioners* work with people of all ages and give a wide range of care.
- *Pediatricians* treat children.
- *Internists* give general and preventive care, mostly for adults. They also may have special knowledge about specific health problems.
- *An obstetrician or gynecologist* treats women, especially those who want or are having kids.
- *Nurse practitioners* and *physician assistants* aren't doctors, but they've had lots of training. They can do many of the same things that doctors do.



How should you choose a PCP?

There are lots of things to think about. What works for one person might not work for you. It's a personal decision based on what matters most to you. Think about things like:

- Do you want a doctor who's close to home or work?
- Are weekend and evening hours important to you?
- Will your doctor contact you when you are due for checkups or tests?
- Does your doctor call you back quickly?
- Do you want a doctor whose style is friendly and warm or more formal?
- What do other medical professionals and patients say about the doctor and the office staff?
- Will your doctor support your active involvement in your health care?
- Will your doctor be your partner in your health care needs?

It all depends on what qualities you want in a doctor and the kind of relationship you desire.

If you want a doctor who wants you to be actively involved in your health care and who will become your guide and supporter, you may want to choose an Enhanced Personal Health Care PCP.

An Enhanced Personal Health Care PCP:

- **Gives you care that doesn't just treat an illness; it also helps prevent it.** Your PCP wants you to get healthy and stay that way. And that includes making sure there are no gaps in your care. Things like, did you get the treatment you were supposed to have? Do you need your yearly exam? Are you overdue to have your eye exam?
- **Gives you personalized care that helps you get the care you need.** Your PCP helps set up any appointments with specialists and follows up with those doctors to make sure you get the care that's right for you.
- **Is a real partner in your health.** Your PCP wants to get to know you and answer your questions. We provide support and resources to help with that.
- **Offers lots of ways you can get care.** There's more to your care than an office visit. You may be able to use online access for Web visits or see your doctor during extended office hours.

Enhanced Personal Health Care won't work without you

Even though Enhanced Personal Health Care PCPs are partners in your health, you won't be able to reach your health goals without doing your part. There's no paperwork and you don't have to sign up to get Enhanced Personal Health Care. All you have to do is be involved in your care. Here's how you can help:

- Learn about any health condition you have and what you can do to get and stay as healthy as possible.
- Follow the care plan that you and your doctor create.
- Bring any questions you have to each visit. Also, bring a list of any medicines, vitamins or treatments you use.
- Ask your doctor to explain anything you don't understand.
- Tell your doctor when you get care from other health professionals. That way, your doctor can work with them for the best care possible.
- Let your doctor know what you liked and didn't like about your care. That will help your doctor work on making it even better.

What does all of this mean for you?

It means we're cooperating with doctors to make it easier to get the care you need where and when you need it. With Enhanced Personal Health Care, we pay doctors for quality of care, not just for the number of patients they see. That means they can take more time to listen to you. And that helps you not feel as rushed – whether it's in the office, after hours, on the weekends or maybe even on the Web. And we're not just saying that; Enhanced Personal Health Care doctors have committed to it.

* Not all members can choose a PCP at this time. We're working to expand this capability and hope to have it available for all members by 2016.

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Looking for a doctor?

Finding one online is fast and easy

Use our online Find a Doctor tool to look for doctors, hospitals, pharmacies, labs and other health care providers in your Anthem network. Check if your favorite doctor is in the network, or look for one near you. Avoid getting out-of-network care if you can — it will cost you more or your plan may not cover it all.



Here's all you need to do:

If you're a member

Go to anthem.com and log in.

Or use your ID number or the first three letters to search without logging in.

Under *Useful Tools* on the right, select **Find a Doctor**.

1

If you're not a member yet

Go to anthem.com.

Under *Useful Tools* on the right, select **Find a Doctor**.



Next, select a type of provider, place or name. Select **Search**.

2

First answer a few questions, so we can help find you the right plan and in-network doctor. Then enter or select the plan/network*.

Next, select a type of provider, place or name. Select **Search**.

3

Select a provider to see more information, such as:

- Training
- Specialties
- Languages spoken
- Address (including a map)
- Phone number



Going mobile

Use your mobile device to search for doctors, hospitals and more with our free app from the App StoreSM or Google PlayTM. Just search for Anthem Blue Cross and Blue Shield and download the app. You can even get turn-by-turn directions to find a doctor's office.

*If you don't know the name of the plan or network, check with your human resources department or benefits administrator.



Just moved in. Threw out back. Need a doc!

Download the Anthem mobile app – because life happens.

Ouch! Life doesn't always go as planned. Fortunately, you can use our mobile app to help you find a nearby doctor when your back is out of whack. And that's not all. Check out all you can do with the Anthem Blue Cross and Blue Shield mobile app.



Find a doctor

Search for a doctor, specialist, urgent care or hospital close by. The app even gives turn-by-turn directions to get you there.



View your ID cards

Keep a version of your ID card handy. You can show it, fax it or email it right from your mobile device.



Manage prescription benefits

Check the cost of drugs, get refills or switch to our home delivery program.



Access your mobile Health Record

View your Health Record and share with your doctors whenever you go.



Download the app today

Just search for **Anthem Blue Cross and Blue Shield**. Can't get the app? No worries. Use many of the same features on our mobile web browser at anthem.com.



Only available on Apple and Android devices

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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, 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 obtain 50% off All Access Enrollment plus 5% off all Jenny Craig Food.

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.

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

Garmin – Save 20% on the vivosfit 2, vivosmart, vivoactive, or Forerunner 15 wearable activity trackers.



Special Offers 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.

HelpCare Plus — Get discounts on Senior Care Services by paying \$11.25 per month. You even get a pharmacy discount card.

Medicine and treatment

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

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**.



* 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.

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24/7 NurseLine Always here for you

Health concerns can happen when you least expect them. You might be on vacation or even on a business trip. Or your child may have a fever in the middle of the night. But there's somewhere you can turn for help any time of the day or night.

Call the **24/7 NurseLine** to talk with a registered nurse about your health concern. Whether it's a question about allergies, fever, types of preventive care or any other topic, nurses are always there to provide support and peace of mind. And, if you want, a nurse will call you later to see how you're doing.

Our nurses can help you choose the right place for care if your doctor isn't available and you aren't sure what to do. Do you need to head straight to the emergency room? Is urgent care best? Or do you need to see your doctor? Making the right call can save you time and money – and give you access to the best possible care.

Do you speak Spanish or another language other than English? We have Spanish-speaking nurses and translators on call. TTY/TDD services are available, too.

If you'd prefer not to talk about your health concern over the phone, the AudioHealth Library might be for you. These helpful prerecorded messages cover more than 300 health topics in English and Spanish. Just call the 24/7 NurseLine number and choose the AudioHealth Library option.



Health questions?

**24/7 NurseLine is always here for you.
Call toll free at 888-249-3820.**

**85% of members like you would recommend
24/7 NurseLine to others.**



Choose an easier way to better health

Health and wellness programs designed for your unique needs



Whether you're suffering from asthma, expecting a baby, or just fighting a cold, our health and wellness programs can help. They even include toll-free access to a nurse any time, any day.

Condition Care

If you have a long-term health problem, ConditionCare is for you. It's a program that helps people with asthma, chronic obstructive pulmonary disease (COPD), diabetes, heart failure, coronary artery disease (CAD) and more. When you join the program, we'll give you the tools and resources you need to take charge of your health. You'll also get:

- 24/7 phone access to a nurse care manager who can answer your questions and give you up-to-date information about your condition.
- A health review and follow-up calls if you need them.
- Tips on prevention and lifestyle choices to help you improve your quality of life.

Future Moms

Having a baby is an exciting time! Future Moms can help you have a healthy pregnancy and a healthy baby. Sign up as soon as you know you're pregnant. You'll get:

- 24/7 phone access to a nurse coach you can talk to about your pregnancy and your health. A nurse may also call you from time to time to see how you're doing.

- A book that shows changes you can expect for you and your baby over the next nine months.
- Useful tools to help you, your doctor and your Future Moms nurse coach track your pregnancy and spot possible risks. You'll also get tips and resources to help you make better decisions and prepare for the birth of your baby.

24/7 NurseLine

You can call any time to talk to a registered nurse about your health concerns. You can get answers to questions, whether you're sick or not.

Need health care right away? A nurse can help you decide where to go if your doctor isn't available. Going to the right place can save you time and money. And you can access better care, too.

Get the support you need

Call us to sign up and use these programs at no extra cost:

- 888-249-3820



How we protect our members

As a member, you have the right to expect the privacy of your personal health information to be protected, consistent with state and federal laws and our policies. And 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 www.anthem.com/memberrights. To request a printed copy, please contact your Benefits Administrator or Human Resources representative.

How we help manage your care

To decide if we'll cover a treatment, procedure or hospital stay, we use a process called Utilization Management (UM). UM is a program that lets us make sure you're getting the right care at the right time. Licensed health care professionals review information your doctor has sent us to see if the requested care is medically needed. These reviews can be done before, during or after a member's treatment. UM also helps us decide if the services will be covered by your health plan.

We also use case managers. They're licensed health care professionals who work with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

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

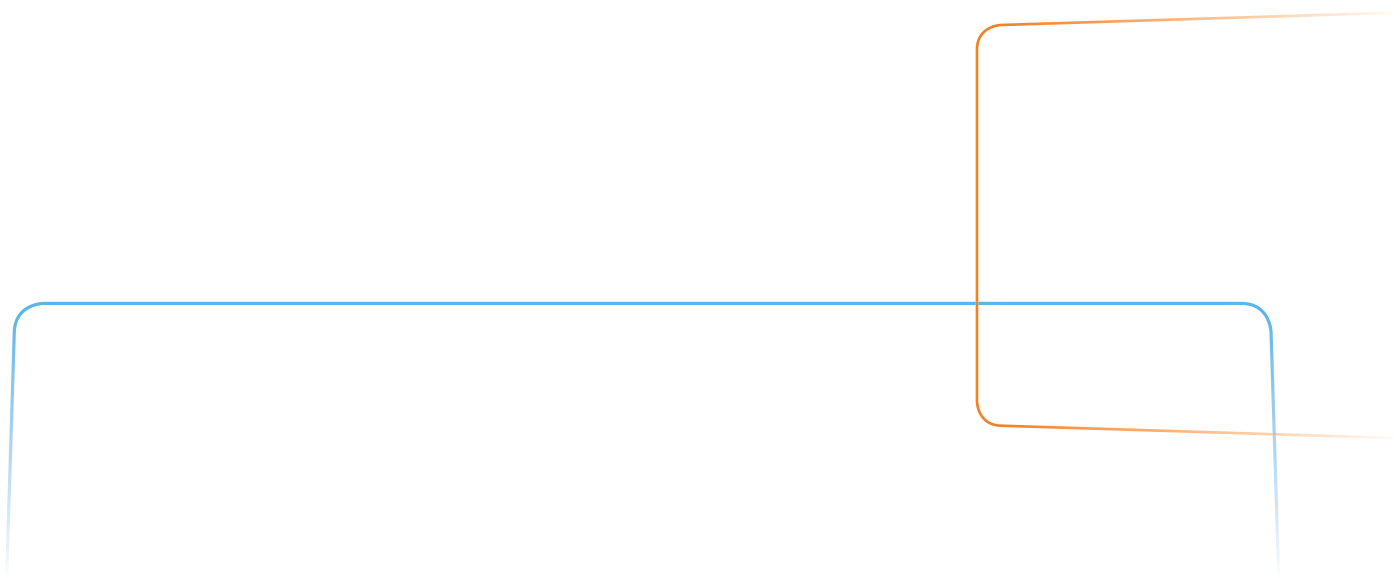
Special Enrollment Rights

There are certain situations when you can enroll in a plan outside the open enrollment period. Open enrollment usually happens only once a year. That's the time you can enroll in a plan or make changes to it. If you choose not to enroll during open enrollment, there are special cases when you're allowed to enroll yourself and your dependents. Special enrollment is allowed:

- **If you had another health plan that was canceled.** If you, your dependents or your spouse are no longer eligible for other coverage (or if the employer stops contributing to your health plan), you may be able to enroll with us. You

must enroll within 31 days after the other coverage ends (or after the employer stops paying for it).

- For example: You and your family are enrolled through your spouse's coverage 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 a plan.
- **If you have a new dependent.** This could mean 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 CHIP coverage 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.



Carry an ID card that means something. Enroll now.



An employer may elect to insure or self-fund its group health plan. For self-funded accounts, Anthem Blue Cross and Blue Shield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. In Ohio, if your employer selects Blue Preferred Primary and elects to insure its group health plan, Blue Preferred Primary is a health insuring corporation product ("HIC"); if your employer selects Blue Preferred Primary and elects to self-fund its group health plan, Anthem provides access to the Blue Preferred Primary network, provides administrative claims payment services only and assumes no financial risk for claims. Please consult your employer for plan funding details.

The benefit descriptions in this plan overview are intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract and are subject to your employer's plan funding arrangement. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

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Express Scripts, Inc. is a separate company that provides pharmacy services and pharmacy benefit management services on behalf of health plan members.

The Healthy Lifestyles programs are administered by Healthways, Inc., an independent company.