



■ Ready to choose *your benefits?*

We can point you in the right direction.

Blue Access PPO/ Health Savings Accounts
Ohio Wesleyan University
Effective July 1, 2018



Let's take a look

We know picking a health plan is a big deal, so this guide makes it easier for you to understand your benefit options. We'll explain how the plans work and give you other important details. That way you can enroll with confidence!

In this guide, you'll find:

- The plans at a glance
- Your health care basics
- How to use your health plan
- Health and wellness programs
- Your privacy and rights

Pay a visit to [anthem.com](https://www.anthem.com) to get an idea of what you can do once you're a member. Find a doctor, estimate care costs, sign up to get emails instead of mail and much more!





The plans at a glance

Here's a quick overview of the plans your employer is offering.¹ To learn more plan basics visit [anthem.com/basics](https://www.anthem.com/basics).

PPO

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

HSA

- This plan comes with a **Health Savings Account** (HSA) you can use to pay your deductible or other qualified health care expenses, like prescription drugs or eyeglasses.²
- Once you pay your deductible, you'll pay a percentage of the total cost (also called coinsurance), and your plan covers the rest.
- The money you put into your account isn't taxed – so each dollar goes further. You can contribute up to \$3,450 for individuals and \$6,850 for families to your account.
- If you don't use all the money in your HSA, you can roll over that money to the next year. And you can take it with you if you leave your employer or change health plans.



It pays to get care in the plan.

Doctors, hospitals and other health care professionals in our plans charge our members lower rates.

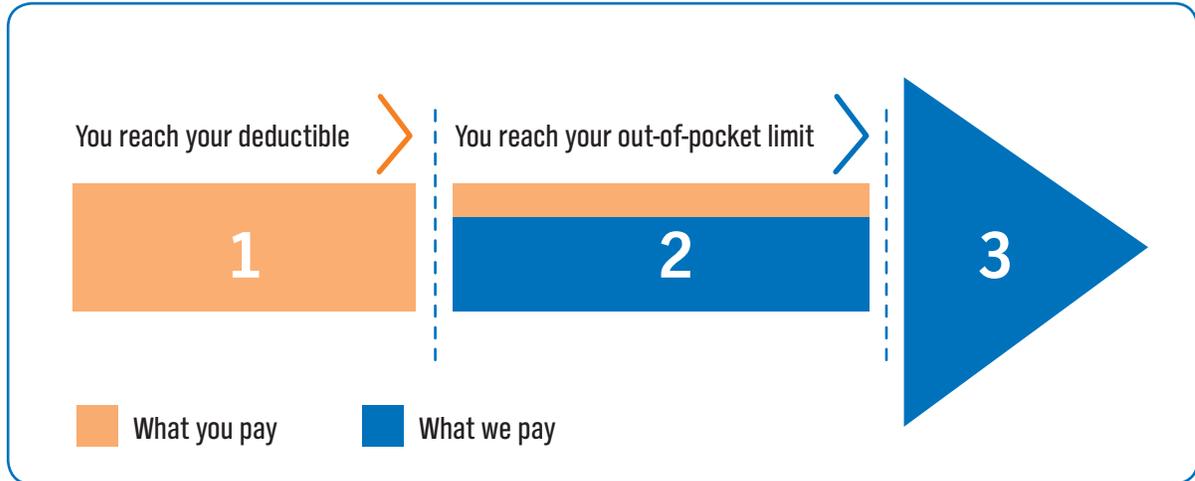
¹ Each of our plans may have different rules, so always check your plan details for more specific information.

² For a full list of qualified expenses visit [irs.gov/pub502](https://www.irs.gov/pub502). Veterans who have received medical benefits from the VA, due to a service-connect disability, are eligible to receive or make HSA contributions. Visit the IRS website at [irs.gov/irb/2004-33/IRB](https://www.irs.gov/irb/2004-33/IRB) for more information.



Know your health care basics

Learn about the kinds of costs you'll share with your plan



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

You pay your deductible.

This is a set amount that you pay before we start sharing in the cost of the covered health care you receive. 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.

If you choose a plan with a Health Savings Account, you can use the money in your account to pay towards your deductible.

What happens after I pay my deductible?

You pay a copay or a percentage of the cost, also called coinsurance, each time you receive care for covered services, and then your plan covers the rest.

What's an out-of-pocket limit?

Each year, there's a maximum amount you can pay out of your own pocket for covered services — that's your out-of-pocket limit. Once you've reached that limit — it varies by plan — we cover the rest for covered services. If you visit doctors or hospitals that aren't in your plan, you'll still have out-of-pocket costs. With some plans, you still have copays even after you reach your out-of-pocket limit.

What about the money for the plan that gets taken out of my paycheck?

That's what you pay for the plan. Think of it like a membership fee. It's separate from what you pay when you get care.



Using your health plan

How to get started with your plan and make the best of your benefits.



Choose a doctor in your plan

Avoid getting care from doctors outside of your plan; it will cost you more or your plan may not cover it at all. We've made it easy for you to find doctors in your plan. Visit **anthem.com** to look for a primary care doctor, hospitals, labs and other health care professionals in your plan.



Use your ID card

You'll be a member after you complete enrollment and your benefits begin. Then, you'll be able to use your ID card. Don't forget, it's always available on the Engage Wellbeing mobile app. It's like your passport to care since you'll need to show it whenever you go to the doctor.



Register to use online tools and resources

Once your benefits begin and you access your ID card, download and register on the Engage Wellbeing mobile app to get personalized information about your wellness programs and health plan.

Use the self-service tools to:

- Access benefit information.
- Find a doctor and receive personalized reminders.
- Estimate your costs, before you step into the doctor's office.
- Get support managing your health conditions and tracking health goals.
- View your health account balance and claims.



Preventive care is covered at no extra cost

Preventive care from a doctor in your plan is covered at 100%. Getting these regular checkups, screenings and shots can help you stay healthy and catch problems early – when they're easier to treat. So, talk to your doctor about what preventive care you may need to protect your health.



Save emergency room visits for emergencies only

Knowing where to go for care saves you time and money. So if you have a real emergency, head straight to the ER or call 911. Otherwise, visit your regular doctor or an urgent care center for minor medical issues.



We're here for you

When you become a member, you can get your questions answered in the way that works best for you.

- **By phone:** Call the Member Services number on your mobile ID card.
- **Online:** Download the Engage Wellbeing mobile app to chat with a team member.



Done driving to the doctor? Hey there, Live Health Online!

You can visit a board-certified doctor 24/7 for simple things like the cold, flu, allergies and more with no appointments and no waiting room. All you need is the LiveHealth Online mobile app or a computer with a webcam to have a video visit with a doctor.** LiveHealth Online costs as little as an office visit or at most \$49. Learn more at livehealthonline.com.

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



Health and wellness programs support you along the way

Your plan goes way beyond covering doctor visits

We can help you reach your health goals and save money on healthy products and services. After your benefits begin, you can access these programs and tools on the Engage app or by calling the Member Services number on your mobile ID card.



Engage — This is your personalized health assistant that brings together all of your health care needs. Manage your benefits, track your health goals and monitor success with real-time reports all in one place. Just download the Engage WellBeing app to get started.



24/7 NurseLine — Our registered nurses can answer your health questions wherever you are — any time, day or night. All you have to do is call.



Behavioral Health Resource — Stressed, anxious or just not feeling like yourself? You can work with licensed mental health professionals, who are available 24/7 to help you feel better.



Case Management — If you're in the hospital or have a serious health problem and need extra care, a nurse care manager can help. Your nurse care manager will answer your questions, set up your care with different doctors and help you use your health benefits.



ConditionCare — Get support from a dedicated nurse team if you have asthma, diabetes, heart disease or heart failure. You work with dietitians, health educators and pharmacists to help you reach your goals and feel your best.



Enhanced Personal Health Care — This program supports you with main doctors, also called primary care doctors, who are real partners in your care. They get to know you and your history, and connect you to the specialists and services you need when you need them — even after hours.



Future Moms — Moms-to-be get one-on-one support from registered nurses to help them have a healthy pregnancy, a safe delivery and a healthy baby. The program also includes breastfeeding support on LiveHealth Online. You can visit a lactation consultant, counselor or registered dietitian through private and secure video using your mobile device or computer.



Health Assessment — Once you're a member, you'll have access to a Health Assessment on [anthem.com](https://www.anthem.com). Answer a few questions and you'll get a health score with personalized tips on how to reach your healthy best.



LiveHealth Online — Using LiveHealth Online, you can have a video visit with a board-certified doctor or therapist on your smartphone, tablet or computer with a webcam. It's easy to use and there when you need it. All you have to do is sign up at [livehealthonline.com](https://www.livehealthonline.com) or download the Engage Wellbeing app.



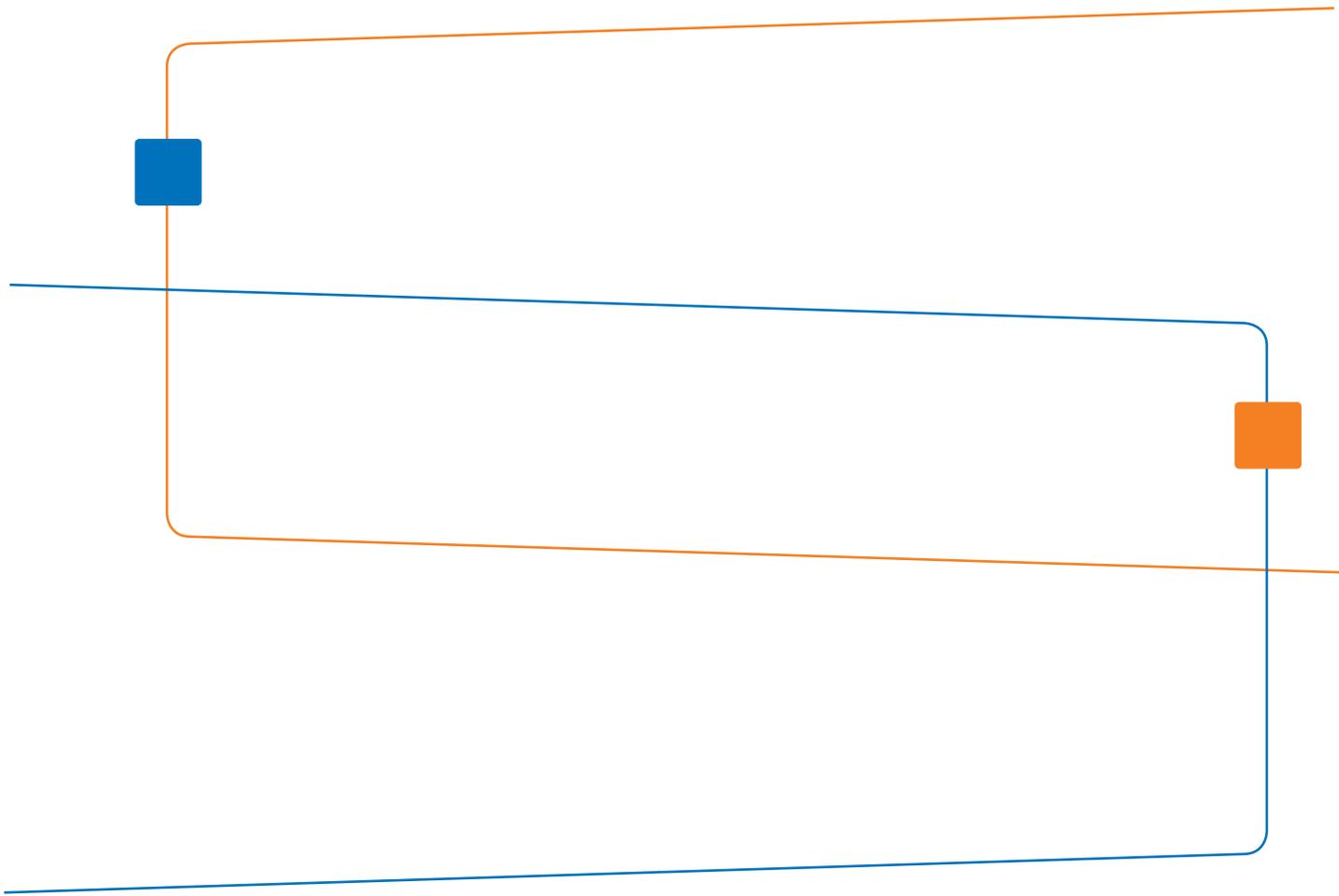
Online Wellness Toolkit — The Online Wellness Toolkit gives you tools to set and achieve your unique health goals. It includes a Health Assessment for identifying health risks, guidance for lowering those risks, personalized trackers to monitor progress and fun activities that promote healthier decision-making.



MyHealth Advantage — Avoid health problems, stay healthy and save money. This program tracks your health information to see if there's anything you can do to improve your health. If so, you'll get a personalized and confidential MyHealth Note in the mail. Download the Engage Wellbeing app to receive your personalized, secure health messages on-the-go via the Mobile Inbox.

Your plan details

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



Your Summary of Benefits



Ohio Wesleyan University
 Anthem Blue Access® PPO
 Effective 07/01/2018

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 MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds and pharmaceutical products 	\$30/\$60 \$5 10% No cost share	30% 30% 30% 30%
Preventive Care Services <ul style="list-style-type: none"> Services included but not limited to: Routine medical exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening. 	No cost share	30%
Emergency and Urgent Care Emergency Room Services <ul style="list-style-type: none"> facility/other covered services (copayment waived if admitted) Urgent Care Center Services <ul style="list-style-type: none"> MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, Non-maternity related Ultrasounds and pharmaceutical products Allergy injections Allergy testing 	\$250/10% \$75 No cost share \$5 10%	\$250/10% \$75 30% 30% 30%
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 (Network/Non-Network combined) Unlimited days except for: <ul style="list-style-type: none"> Unlimited days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) 120 days for skilled nursing facility 	10%	30%

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Your Summary of Benefits

Covered Benefits	Network	Non-Network
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 for example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services. Home Care Services 120 visits (excludes IV Therapy) (Network/Non-Network combined) Durable Medical Equipment Physical Medicine Therapy Day Rehabilitation programs Hospice Care Ambulance Services 	No cost share 10% 10% 10% 10%	30% 30% 30% 30% 10% 10%
Outpatient Therapy Services (Combined Network & Non-Network limits) <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility Physical Medicine Therapy Limits, Outpatient Therapy (excludes Autism Spectrum Disorder)- (Network and Non-network combined): <ul style="list-style-type: none"> Cardiac Rehabilitation Unlimited Pulmonary Rehabilitation Unlimited Physical Therapy: 30 visits Occupational Therapy: 30 visits Manipulation Therapy: 52 visits Speech therapy: Unlimited 	\$30/\$60 10%	30% 30%
Accidental Dental: Unlimited (Network and Non-network combined)	Copayments/Coinsurance based on setting where covered services are received	30%
Behavioral Health: Mental Illness and Substance Abuse² <ul style="list-style-type: none"> Inpatient Facility Services Physician Home and Office Visits (PCP/SCP) Other Outpatient Services. Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional 	10% \$30 10%	30%
Human Organ and Tissue Transplants³ <ul style="list-style-type: none"> Acquisition and transplant procedures, harvest and storage. 	No cost share	50%

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Your Summary of Benefits

Covered Benefits	Network	Non-Network
Prescription Drugs Anthem National Drug List Network Tier structure equals 1/2/3 (and 4, if applicable) <ul style="list-style-type: none"> ○ Network Retail Pharmacies: (30-day supply) Includes diabetic test strip ○ Home Delivery Service: (90-day supply) Includes diabetic test strip Member may be responsible for additional cost when not selecting the available generic drug.	\$50 deductible \$10/\$35/\$70/25% max \$250 \$10/\$70/\$140/25%, max \$250	\$50 deductible 50%, min \$75 ⁵ Not covered
Medicare Rx - Wrap Specialty Medications are limited up to a 30 day supply regardless of whether they are retail or mail service.		

Notes:

- 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)
- Deductible(s) apply to covered medical services listed with a percentage (%) coinsurance, including 0%. However, the deductible does not apply to Emergency Room Services where a copayment & (%) coinsurance applies and may not apply to some Behavioral Health services where coinsurance applies
- 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/GYNs and Geriatrics or any other Network Provider as allowed by the plan.
- When allergy injections are rendered with a Physicians Home and Office Visit, only the Office Visit cost share applies. When the Office Visit cost share is a % coinsurance, deductible and coinsurance apply to allergy injections
- Ambulance Non-network non-emergency use limited to \$50,000 per benefit period.
- No cost share (NCS) 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.
- Live Health Online (LHO) is covered at \$0 per visit in network.
- Certain diabetic and asthmatic supplies, except diabetic test strips, have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies.
- Benefit period = calendar year
- Diagnostic mammograms are not subject to Copayments / Coinsurance in Network office and outpatient facility settings. Routine mammograms are paid as Preventive Care services
- 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.
- Private Duty Nursing – limited to 82 visits/Calendar Year.

² We encourage you to review the Schedule of Benefits for limitations.

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

⁵ Rx 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 the member know if the services are considered not medically necessary.

Your Summary of Benefits

Pre-existing Exclusion Period: none

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.

This benefit overview is for illustrative purposes and some content may be pending Ohio Department of Insurance approval.

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 Anthem Blue Access PPO for Health Savings Accounts Effective 07/01/2018

Covered Benefits	Network	Non-Network
Deductible Embedded The single deductible applies to the Family deductible. Once the single deductible has been satisfied, benefits for that member are payable subject to coinsurance. Once the family deductible has been satisfied, benefits for the family are payable subject to coinsurance.	Single: \$3,000 Family: \$6,000	Single: \$6,000 Family: \$12,000
Out-of-Pocket Limit	Single: \$6,000 Family: \$12,000	Single: \$12,000 Family: \$24,000
Physician Home and Office Services <ul style="list-style-type: none"> Including Office Surgeries, allergy serum, allergy injections and allergy testing 	20%	40%
Preventive Care Services Services include but are not limited to: Routine Exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening.	No cost share	40%
Emergency and Urgent Care <ul style="list-style-type: none"> Emergency Room Services @ Hospital (facility/other covered services) (copayment waived if admitted) Urgent Care Center Services 	20%	20%
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 	20%	40%
Inpatient Facility Services (Network/Non-Network combined) Unlimited days except for: <ul style="list-style-type: none"> Unlimited days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) 120 days for skilled nursing facility 	20%	40%
Outpatient Surgery Hospital/Alternative Care Facility <ul style="list-style-type: none"> Surgery and administration of general anesthesia 	20%	40%

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Covered Benefits	Network	Non-Network
Other Outpatient Services including but not limited to: <ul style="list-style-type: none"> Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services. Home Care Services 120 visits (excludes IV Therapy) (Network/Non-Network combined) Durable Medical Equipment Physical Medicine Therapy Day Rehabilitation programs Hospice Care Ambulance Services 	20% 20% 20%	40% 40% 20%
Accidental Dental Services : Unlimited (Network and Non-network combined)	20%	40%
Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> Physician Home and Office Visits Other Outpatient Services @ Hospital/Alternative Care Facility Physical Medicine Therapy Limits, Outpatient Therapy (excludes Autism Spectrum Disorder)- (Network and Non-network combined): <ul style="list-style-type: none"> Cardiac Rehabilitation: Unlimited Pulmonary Rehabilitation: Unlimited Physical Therapy: 30 visits Occupational Therapy: 30 visits Manipulation Therapy: 52 visits Speech Therapy: Unlimited 	20% 20%	40% 40%
Behavioral Health Services: Mental Illness and Substance Abuse¹ <ul style="list-style-type: none"> Physician Home and Office Visits Other Outpatient Services @ Hospital/Alternative Care Facility 	Benefits provided in accordance with Federal Mental Health Parity	40%
Human Organ and Tissue Transplants <ul style="list-style-type: none"> Acquisition and transplant procedures, harvest and storage. 	20%	40%

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 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)^{4,5,6}
- 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 years⁷
- 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)

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

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^{5,8,9}
- 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)⁷

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 Counseling services for breast feeding (lactation) can be provided or supported by an in-network (participating) provider such as a pediatrician, ob-gyn, family medicine doctor, and hospitals with no member cost-share expense (deductible, copay, coinsurance). Contact the provider to determine if lactation counseling services are available.

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

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

9 The cost share will be waived if the use of the multi-source brand is deemed medically necessary by your doctor.



Skip the drugstore – have your medicine delivered to your home!

Why wait in line at the drugstore if you don't have to? If you take prescribed medicine on a regular basis, you can get up to a 90-day supply delivered to your door.¹ And depending on your plan, you may save on copays because the cost of a 90-day supply of many drugs is usually less than three 30-day refills. On average, members save up to 25% on their copay when they use home delivery.² Standard shipping is free, and you can even set up automatic refills.

Getting started with home delivery is easy:



1. Go online to get a prescription order form.

Visit anthem.com, choose **Manage Your Prescriptions** from the home page and log in with your username and password. If you haven't signed up on the site yet, you'll need to do that first.

On your personal pharmacy page, select **Start a New Prescription**.

That'll take you to the site of the company that helps manage our prescription benefits.³ There, you can download and print the **physician fax form** or, if you already have a new prescription for a 90-day supply of medicine from your doctor, download the home delivery mail form. You'll use one of these forms to send in your prescription.



2. Get a new prescription from your doctor for home delivery.

You'll need an up-to-90-day supply prescription. Your doctor can send in your prescription through eprescribe or fax it using the **physician fax form** from step 1.

Also ask your doctor for a 30-day prescription. Get this filled at your regular pharmacy to make sure you have enough medicine to last until you get your first home delivery prescription.

Need help?

Call the home delivery pharmacy at 1-866-216-5449 and we'll get you started.



3. Send in your prescription

Fill out the home delivery order form and mail it to the address on the form. Be sure to include prescription and payment information along with it.

or

Your doctor can fill out the physician fax form and fax or efax it to the number on the form.



4. Pay for your prescription.

You can pay by check, echeck, money order, credit or debit card, flexible spending account or health savings account.

You can sign up for e-payments or have your credit card on file online. To set up your payments, go to anthem.com, choose **Manage Your Prescriptions** from the home page and log in. Then, select **Start a New Prescription**. Once you're on our prescription benefit manager's site, select **My Account** to choose how you'd like to pay.

If you want to use our Home Delivery Pharmacy and are enrolled in a program that helps you with your copay or if you use manufacturer coupons to help pay for prescriptions, you'll need to give the program or manufacturer detailed claim information and a receipt to get paid back. The company that manages our prescription benefits can't bill us or these third parties for prescriptions you fill through home delivery.

A few important things to know

- If your doctor prescribes a brand-name drug, your pharmacy plan may require the home delivery pharmacy to send a generic version instead.
- All prescriptions and refills, including those sent by your doctor, will be filled as soon as the home delivery pharmacy gets them.
- In most cases, your first order will arrive within two weeks after the home delivery pharmacy gets it. After that, the orders will arrive within one week.
- If you need your medicine sooner, you can call the home delivery pharmacy and ask for overnight delivery. It will still take 3 to 5 days to process the order, plus the shipping time. You'll be charged extra for the faster shipping.
- Your orders will be delivered by the U.S. Postal Service, UPS or FedEx.
- With some drugs, you may need to sign to accept delivery.⁴

¹ Supplies are based on your pharmacy plan design.

² Express Scripts internal data, 2017.

³ Express Scripts is a separate company that manages pharmacy services for our health plan members.

⁴ Drugs that are defined as controlled substances are highly regulated, which requires the home delivery pharmacy to follow special rules for filling these prescriptions.

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.

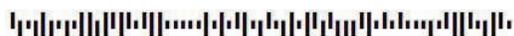
Program: <<XXXXXXXXXX>>



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

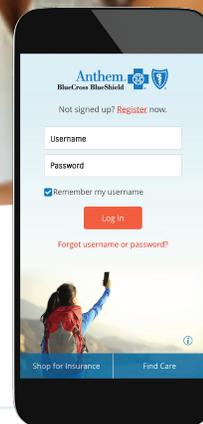


FOLD HERE

FOLD HERE

You've got quick access to your health care!

Register on anthem.com or the Anthem Anywhere mobile app.*



From your computer

 Go to anthem.com and select the  icon above
Already a member? Sign in here.

 Provide the personal information requested

 Create a username and password

 Set your email preferences

 Follow the prompts to complete your registration

From your mobile device

 Download the free Anthem Anywhere mobile app and select **Register**

 Confirm your identity

 Create a username and password

 Set your email preferences

 Follow the prompts to complete your registration



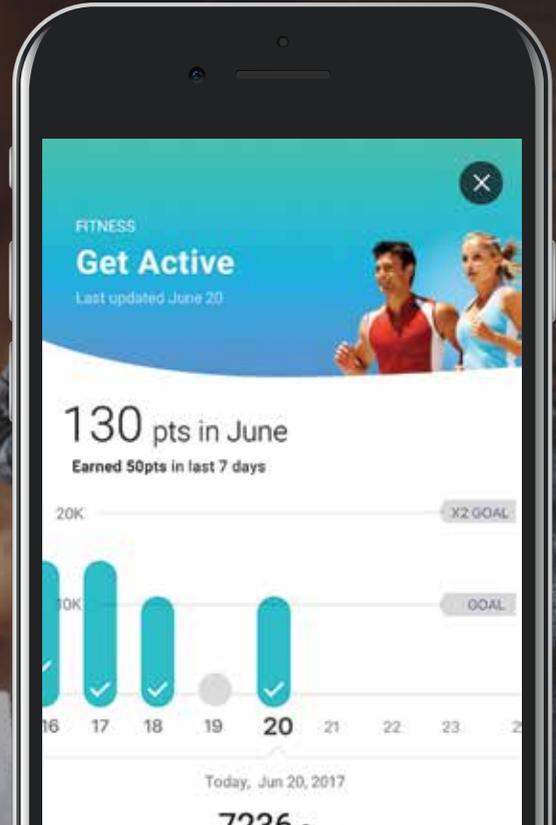
Need help signing up?
Call us at **1-866-755-2680.**

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

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Meet Engage, your personalized health assistant

Engage helps you make the most of your health plan and connect with resources to achieve your wellness goals.



Get peace of mind.

Clearly see what's covered by your plan and access your digital insurance card anytime, anywhere.



Take charge of your wellness.

Track sleep, steps, and food to create healthy habits and hit your wellbeing goals.



Make the most of your perks.

Save time and money by discovering additional benefits and programs.



LiveHealth Online

How to register in minutes
before you feel sick

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

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



How to get started

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

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

Your account securely stores your personal and health information

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

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



Questions about how to use LiveHealth Online?

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

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

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

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

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

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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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Compare quality and costs

at hospitals and
other facilities on
anthem.com



Did you know that different facilities may charge different amounts for the same service? Estimate your share of the costs before you get your care.

Higher prices don't always mean better care. Compare facilities based on their quality measures for certain procedures – length of stay, patient experience, complications and more.

- Just log on to anthem.com and click on Estimate Your Costs.
- Simply search or browse for the procedure you are looking for and the tool will help guide you.
- You can easily compare facilities in your area.

Estimate Your Costs is just one of the many tools we have to help you manage your health care, simply and conveniently.



You're on the go — and so are we

With the Anthem Anywhere app, you can manage your benefits anytime and anywhere you go. Just search for Anthem Anywhere and download the app.



Find a doctor

Search for a doctor, specialist, urgent care or hospital close by.



Get your ID card

Share, fax, or email your ID card right from your smartphone.



Check your claims

Find out what your doctor billed, how much was paid and if you owe anything.



Estimate your costs

See what nearby doctors and facilities charge for a procedure. You can compare providers on cost and quality.



View your medical benefits

See your copays, deductibles, your percentage of the costs, and other important plan benefit information.



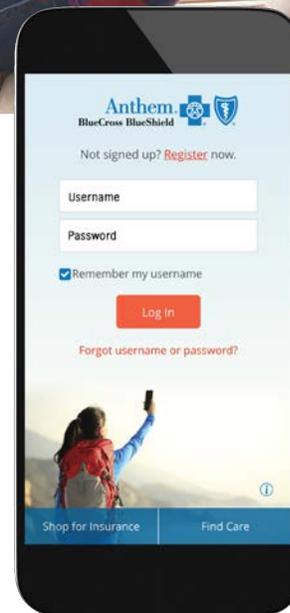
Manage prescription benefits

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 Anthem Anywhere app today.
Together we can make healthy happen.



Only available on Apple and Android devices

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A warm hello from Anthem

We care about your health, so you might get a confidential call from us

At Anthem Blue Cross and Blue Shield (Anthem), we're more than your health plan company. We're your partner on the road to better health. That's why we may call you from time to time to share important health information, remind you about appointments or encourage you to join one of our health programs. These calls are always confidential, so you can feel comfortable talking with us.

We call with your best interest at heart.

We might call to help you with health issues, such as losing weight, quitting smoking, preparing for surgery or making healthier life choices. Other times, we'll call to give you important health reminders. If you're expecting a baby, we might introduce you to a supportive program that can help you enjoy a healthier pregnancy. Best of all, these programs have no extra cost, and we'll always explain how they work with your benefits.

Keep in mind:

- **We aren't "selling" anything — we promise.** We only call when we've noticed an area where we can help. The suggestions or programs we'll recommend are already included in your health benefits.
- **We'll ask you to verify your name and date of birth.** That's because we want to make sure we're speaking to the right person before we discuss your health. It's a way to protect your personal health information.

Ready to talk now? You can give us a call, too.

You can always reach out to us to ask about our health programs and services. Just call the Customer Service number on the back of your ID card. We're here for you and want you to enjoy the best health possible. After all, you deserve it. We're just here to help you get there.

If you prefer not to get a call from us, just let us know. Talk to one of our Customer Service representatives using the number on the back of your member ID card.

Three-year comparison based on YTD Q2 2014 data.

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Our phone calls make a big difference

In fact, about 92% of people who talked with our health and wellness team members were satisfied with the support they received.

Maximize your benefits and save money with these smart tips.

Here are a few easy action steps you can take to maximize your benefits and save money:

Action Step #1: Choose a primary care physician (PCP).

Choosing a PCP is a pretty personal thing, and not as easy as it sounds. You don't want to just choose a name out of the phone book. Finding someone you can relate to, feel comfortable with, and trust is a big deal. When you find the right PCP, that doctor can make a world of difference in many ways. Your PCP gets to know the "overall you," not just bits and pieces – like your health history and habits – and can more easily see changes and make recommendations. Your PCP acts as your starting point for all questions, preventive checkups, and for coordinating your health care needs. Your PCP can help avoid duplication of tests and ensure that all your medicines work well together. And your PCP can help you stay healthy and manage ongoing health problems – which can help lower your health care costs, avoid days off work, and save time in getting you specialized care when you do need it.

Action Step #2: Look for doctors in the Anthem Enhanced Personal Care program who go the extra mile to act as your true partner in staying healthy.

Enhanced Personal Health Care primary care physicians (PCPs) help ensure you get the treatment you need, and help you remember to do things like taking your medications and getting your annual physical, eye exams, and age-appropriate screenings like mammograms. They help you set up appointments with specialists, and they follow up with those specialists. And they offer more ways than usual for you to get care. For instance, you may be able to them during extended office hours or through an online visit.

To locate an Enhanced Personal Health Care PCP, go to anthem.com and select "Find a Doctor". Pick your state and plan/network. Enter your location and preferred search radius. Select the checkboxes "Able to serve as primary care physician (PCP)" and, under Show more options, "Enhanced Personal Health Care." Or call the member service number on your Anthem ID card. Or use the Find a Doctor tool in the Anthem mobile app, and look for doctors with Enhanced Personal Health Care listed under their Quality Snapshot.

Action Step #3: It pays to ask about your alternatives for certain procedures, scans, and tests.

Did you know that costs for the same quality and type of service can vary greatly depending where you receive it? Often scans (like MRIs and CT scans), medical tests, services, and routine surgeries performed at freestanding imaging centers and surgery centers can be a fraction of the cost as compared to services rendered in hospital outpatient settings. Ask your doctor if your test, scan, surgery, or medical service can be performed at a lower-cost, high-quality freestanding location to help save you money.

Action Step #4: Use freestanding laboratory services.

Freestanding (reference) laboratories often are able to perform lab services such as drawing blood at a lower cost and pass along these savings to you.

Action Step #5: Know the cost before you get care.

Think a knee replacement costs about the same at all hospitals? Think again! The Estimate Your Cost tool at anthem.com gives you hospital-specific cost estimates so you can compare costs before you receive services.

Action Step #6: Choose generic vs. brand name medications.

Check with your physician to see if a generic medication is appropriate. Generic prescription drugs are approved by the Food and Drug Administration (FDA), are as effective as their brand name counterpart, and typically cost 30 to 80 percent less than brand-name drugs. If there is no generic available, ask your doctor if there's a lower-cost drug in the same class (meaning drugs used for the same condition – e.g., for high blood pressure).

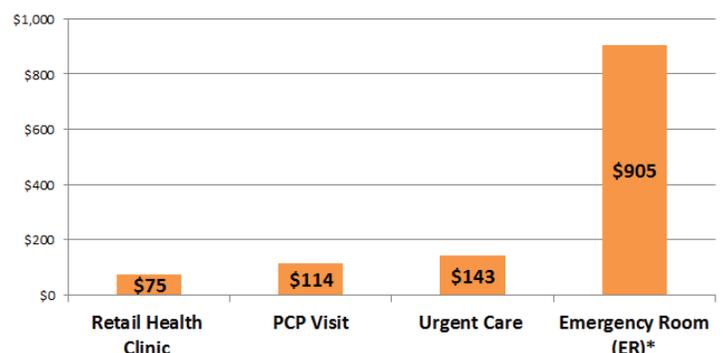
Action Step #7: Use over-the-counter medications for minor conditions.

Over-the-counter (OTC) medications don't require a prescription, yet they contain the same active ingredients as the prescription equivalent. OTC medications frequently cost you less out-of-pocket than filling the prescription through a pharmacy or mail order. Seasonal allergies and heartburn are common conditions for which you can use OTC medications. (Before replacing a prescription with an OTC medication, consult your physician.)

Action Step #8: Avoid emergency rooms for non-life threatening conditions.

Emergency room (ER) services cost considerably more and usually involve much longer wait times than services performed in your primary care physician's office, retail health clinic, or urgent care. The ER should not be used for non-life threatening conditions such as minor cuts and sprains, ear infections, urinary tract infections, colds and the flu. Call the 24/7 NurseLine number on your Anthem ID card any time for after-hours guidance from a live nurse.

Average Cost per Visit



31 *Limited to visits billed with severity levels 1-4; excludes visits that include surgical procedures, observation stays, or high-tech imaging. Based on Anthem Ohio fully-insured, non-refunding Local Group and Individual claims incurred 1/1/15-9/30/15

Action Step #9: Now you can see a doctor online any time, anywhere!

With LiveHealth Online, you don't have to deal with scheduling an appointment or long wait times. In fact, you don't even have to leave your home or office! Using your smartphone, tablet, or computer's camera for two-way video, through LiveHealth Online you can see a Board-certified doctor who can answer questions, make a diagnosis, and even prescribe basic medications when needed. This service is fully integrated with your Anthem insurance, and at most, only \$49 – even for non-Anthem members. LiveHealth Online doctors are available 24/7/365. Common visit reasons include colds, flu, allergies, sinus infections, urinary tract infections, etc. Enroll at LiveHealthOnline.com and download the free app now.

Action Step #10: Take advantage of wellness benefits.

Wellness or prevention benefits such as mammograms, immunizations, and annual checkups help you stay healthy. By making the most of these benefits, you can potentially prevent more costly chronic conditions such as diabetes and high blood pressure, which require more services and more visits to your physician. You can find your wellness benefits using the MyAnthem feature at www.anthem.com or by calling the Member Services number on your ID card for personalized benefit information.

Action Step #11: Use in-network health care providers.

Anthem contracts with health care providers to offer services to our members at a discounted rate. If providers aren't contracted with Anthem, they're considered "out-of-network". If you visit these non-contracted/out-of-network providers, your out-of-pocket costs will be higher because they may balance-bill you for amounts beyond the payment they receive from Anthem.

Don't assume all health care providers are contracted with Anthem (i.e., "in-network"). Check their contract status before seeking services on the "Find a Doctor" tool at www.anthem.com. If you don't find the provider listed there, (s)he is most likely out-of-network. You can also call the health care provider's or the Anthem Member Services number on your Anthem ID card to ask whether they are in Anthem's network.

Action Step #12: Download the Anthem app.

Download the Anthem Blue Cross and Blue Shield app and log in so you can see your plan information. You can use your smartphone to:

- Look for a nearby, in-network doctor
- Find an urgent care center, hospital or emergency room quickly – plus maps and driving directions
- See recent claims, including what Anthem paid and if you owe anything
- Pull up a mobile ID card you can share with a doctor

To download the free app, search for "Anthem Blue Cross and Blue Shield" at the App Store® or Google Play™.

Action Step #13: Get health tips at www.anthem.com.

At www.anthem.com, there's a lot of great information available to help you compare your health care options and costs, and on ways to improve your health. Once you take the simple online Health Risk Assessment on www.anthem.com, we can suggest ways that you could improve your health and well being.

REGISTER TODAY AT ANTHEM.COM!
And download the free Anthem mobile app to learn more about your health care options, costs, and ways to take control of your health.

Cut out and keep these handy cost-saving tips in your wallet.



Helpful tips to lower your out-of-pocket costs:

- ✓ Choose generic and over-the-counter medications.
- ✓ Call your doctor, LiveHealth Online, or the Anthem 24/7 NurseLine for guidance about after-hours care.
- ✓ Register for LiveHealth Online now – before you get sick – and download the app.
- ✓ Know where your nearest urgent care is located.
- ✓ Compare procedure and imaging costs at local facilities in advance at anthem.com.
- ✓ Request that imaging and labs be ordered at less expensive freestanding facilities.



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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 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 vivofit 2, vivosmart, vivoactive, or Forerunner 15 wearable activity trackers.



Special Offers on [anthem.com](https://www.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](https://www.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.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company, Inc. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

Arabic

يحق لك الحصول على هذه المعلومات وللمساعدة بلغتك مجاناً. اتصل بخدمات الأعضاء الموجود في بطاقة تعريفك للحصول على هذه المعلومات مجاناً. (TTY/TDD: 711)

Armenian

Ձեր իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

Farsi

شما این حق را دارید که این اطلاعات و کمکی را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

Navajo

Bee ná ahoot'í t'áá ní nizaad k'ehjí níká a'doowól t'áá jík'e. Naaltsoos bee atah nilinígíí bee néé'ho' dólzingo namitínígíí béésh bee hane'í bikáá' ááj' hodiílmih. (TTY/TDD: 711)

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. 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 to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with 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 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



Let's talk about your privacy and rights

Safeguarding your information

As a member, you have the right to expect us to protect the privacy of your personal health information. We do this according to state and federal laws, and our 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 www.anthem.com/memberrights. To ask for 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). Doctors and pharmacists who want to be sure you get the best treatments for certain health conditions make up Anthem's UM team. They review the information your doctor sends us. These reviews can be done 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 learn about and manage your health conditions. They also help you better understand your health benefits.

To learn more detailed information 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

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



Ready to enroll?

Here's how:

Stay tuned, your Benefits Administrator or Human Resources Representative will contact you soon with specific enrollment instructions for your organization. Then just follow those steps to join one of our plans.

Questions?

www.anthem.com



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 Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Company (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.