

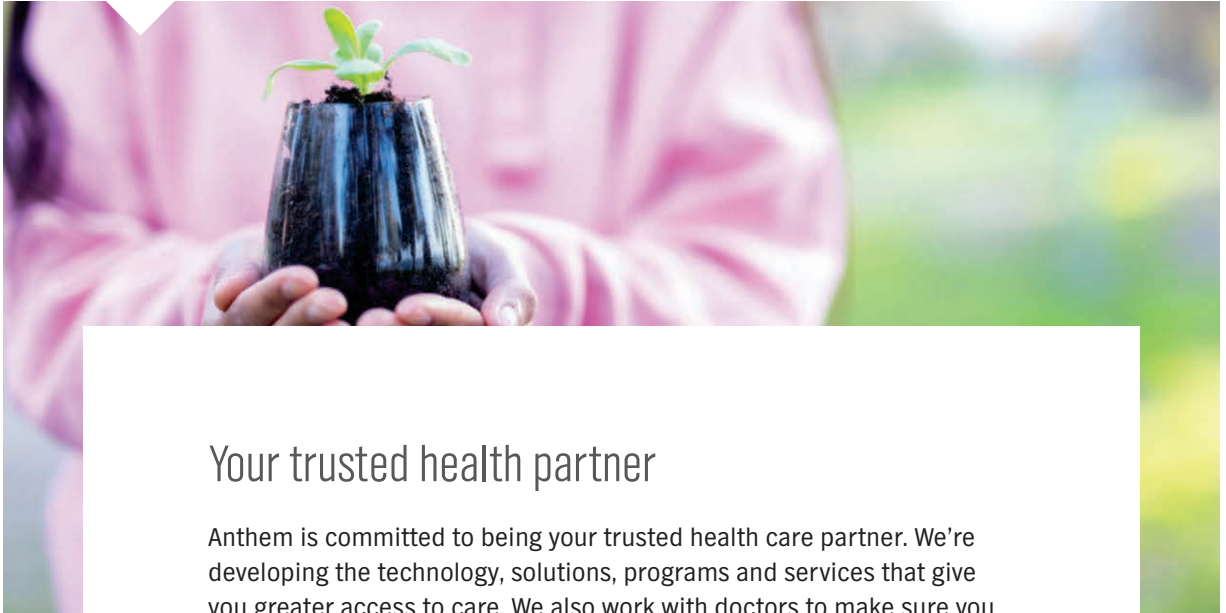
Choosing and using your plan

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





It's time to choose your plan



Your trusted health partner

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

Save this guide

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





It's time to choose your plan

Let's get started

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

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



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How to Enroll

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.

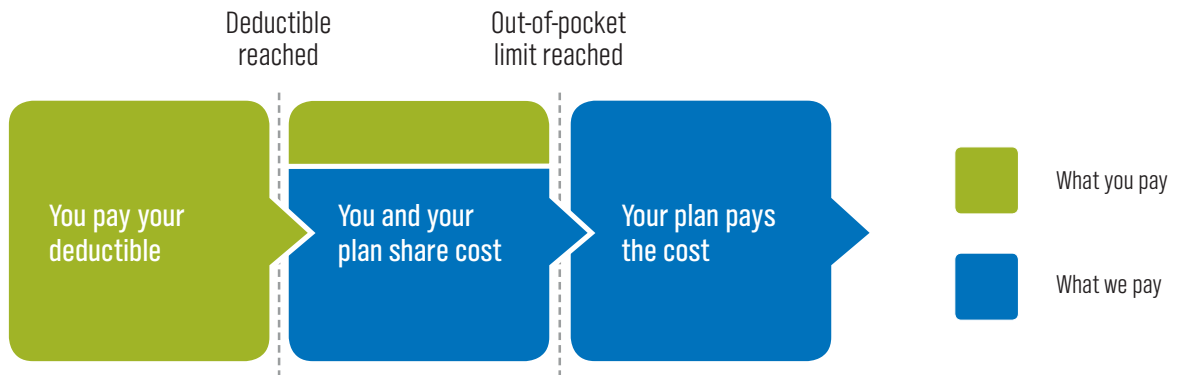


The basics explained

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



What you pay and what your plan pays



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



Words that are helpful to know

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

<p>Deductible:</p> <p>A set amount you pay each year for covered services before your plan starts to pay for covered health care costs.</p>	<p>Copay:</p> <p>A flat fee you pay for covered services like doctor visits.</p>	<p>Coinsurance:</p> <p>Once you've met your deductible, you and your health plan share the cost of covered health care services. The coinsurance is your share of the costs, usually a percent of the cost of care. Your plan details show what portion of the cost you'll pay.</p>
<p>Out-of-pocket limit:</p> <p>This is the most you have to pay out of your own pocket each year for covered services. This amount may include your deductible and your percentage of the costs, depending on your plan. And some plans may still have you pay a copay at the time of service.</p>	<p>Premium:</p> <p>The premium, also called a monthly payment, is what you pay for the plan. It's the money that comes out of your paycheck. Think of it like a membership fee that's separate from what you pay when you get care.</p>	



Your pharmacy benefits

What your plan will cover

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

Your pharmacy plan includes:

- One or more drugs lists. Be sure to check for your medications - the brand-name drugs and the generics that are included in your plan.
 - You can find out if the drug you take is included on the **Essential 4-tier** Drug List by visiting [anthem.com/abs/essentialdruglist](https://www.anthem.com/abs/essentialdruglist).
- Most specialty drugs if you have an ongoing health issue or serious illness. Look for "SP" or the Specialty Pharmacy icon when viewing your plan's drug list.

How your pharmacy benefits work

You pay your deductible

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

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

You and your plan share the costs

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

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



Your pharmacy benefits

Save money with Tier 1 drugs

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

Once you're a member, you can check the price of a drug at different pharmacies at [anthem.com](https://www.anthem.com) and see if there are lower-cost drugs.

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

Simple ways to save money on medicine

- Use home delivery for drugs you take on a regular basis.
- Find a pharmacy in your plan.
- Talk to your doctor about generic medicines.
- See if an over-the-counter option is available.





How to use your plan

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



How to use your plan

Find a doctor in your plan

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

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

Schedule a checkup

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

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

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



How to use your plan

See a doctor from home

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

Where to go for care when you need it now

When it's an emergency, call 911 or head to the nearest emergency room.

But when you need nonemergency care right away:

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



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



Make the most of your pharmacy benefits

You can manage your prescriptions and costs at [anthem.com](https://www.anthem.com). Simply log in and explore the following ways to save:

- 1. Search the drug list.** Find out if your drugs are covered and which tier they're in. Lower-cost drugs and generics are usually in Tiers 1 and 2. You'll save the most money when you use Tier 1 drugs.
- 2. Price a medication.** See how much a medicine costs. You can compare retail drug costs at local pharmacies and see the price of generic options. Results will include the cost of up to a 90-day supply and home delivery pricing.
- 3. See if there are generic options.** If you're taking a brand-name drug, you can find a list of generic options that cost less, or ask your doctor.
- 4. Specialty drugs are covered if you need them.** Specialty drugs are for people with serious health issues. They come in different forms like pills or liquids. And some need to be injected, inhaled or infused. These drugs often need special storage and handling, and may be given to you by a doctor or nurse. If you have a complex health condition that requires specialty drugs for your treatment you can get them through IngenioRx Specialty Pharmacy.
- 5. Choose a pharmacy that's in your plan.** You have many retail pharmacies to choose from. Use a pharmacy that is in your plan to get the best price. To find a pharmacy in your plan, visit [anthem.com/pharmacyinformation/networks](https://www.anthem.com/pharmacyinformation/networks) and choose your network list. Your plan uses the National network list of pharmacies.
- 6. Sign up for home delivery.** If you take medicines regularly or need them on a long-term basis, you can save time with home delivery. You may also save money. You can get up to a 90-day supply of your maintenance medications delivered to your door. Once you're a member, visit [anthem.com](https://www.anthem.com) to sign up.

Questions?

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





Plan extras that support your health

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

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

Apps

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

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

Where to get care

24/7 NurseLine – You can connect with a registered nurse who'll answer your health questions wherever you are – anytime, day or night. They can help you

decide where to go for care and find providers in your area. All you have to do is call **1-800-337-4770**.

The Autism Spectrum Disorder Program –

This unique program focuses on building a strong support system for the entire family and making the best choices for your child. It includes community resources, coordination of care with a case manager and a customized care plan. Call **1-844-269-0538**.

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

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

Want healthy advice?

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





Plan extras that support your health

Learn more by registering on the [Sydney Health app](#) or at [anthem.com](#).

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

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

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

on products and services that help promote better health and well-being.

Healthy living

MyHealth Advantage — This free service helps you stay healthy and save money. You'll get reminders when you need to refill a prescription or get a checkup, test or exam. You'll also get a personalized and confidential MyHealth Note in the mail or on the **Sydney Health** mobile app if we see something that can help you.

SpecialOffers — Saving money is good. Saving money on things that are good for you — even better. With SpecialOffers, you can get discounts

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: \$1,500 PPO Plan

Your Network: Blue Access

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$1,500 person / \$3,000 family	\$4,500 person / \$9,000 family
Out-of-Pocket Limit	\$4,000 person / \$8,000 family	\$9,000 person / \$18,000 family
<p>The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.</p>		
Preventive Care / Screening / Immunization	No charge	50% coinsurance after deductible is met
<p><u>Doctor Home and Office Services</u></p> <p>Primary Care Visit <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$5 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i></p>	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<p>Specialist Care Visit <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$5 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i></p>	\$50 copay per visit deductible does not apply	50% coinsurance after deductible is met
Prenatal and Post-natal Care	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<p><u>Other Practitioner Visits:</u></p> <p>Retail Health Clinic</p> <p>On-line Visit <i>Includes Mental/Behavioral Health and Substance Abuse</i></p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Manipulation Therapy <i>Coverage is limited to 25 visits per benefit period.</i>	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<u>Other Services in an Office:</u> Allergy Testing & Serum Chemo/Radiation Therapy - PCP Chemo/Radiation Therapy - Specialist Dialysis/Hemodialysis Prescription Drugs - <i>Dispensed in the office</i>	No charge 20% coinsurance after deductible is met \$50 copay per visit deductible does not apply \$50 copay per visit deductible does not apply 20% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met
<u>Diagnostic Services</u> Lab: Office Freestanding Lab/Reference Lab Outpatient Hospital	No charge No charge 20% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met
X-Ray: Office Outpatient Hospital	No charge 20% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met
Advanced Diagnostic Imaging: Office	20% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Freestanding Radiology Center	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<p><u>Emergency and Urgent Care</u></p> <p>Urgent Care <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$5 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i></p>	\$95 copay per visit deductible does not apply	50% coinsurance after deductible is met
<p>Emergency Room Facility Services <i>Copay waived if admitted.</i></p>	\$500 copay per visit deductible does not apply	Covered as In-Network
<p>Emergency Room Doctor and Other Services</p>	No charge	Covered as In-Network
<p><u>Ambulance</u></p>	20% coinsurance after deductible is met	Covered as In-Network
<p><u>Outpatient Mental/Behavioral Health and Substance Abuse</u></p> <p>Doctor Office Visit</p> <p>Facility visit:</p> <p>Facility Fees</p> <p>Doctor Services</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p><u>Outpatient Surgery</u></p> <p>Facility Fees:</p> <p>Hospital</p> <p>Freestanding Surgical Center</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Doctor and Other Services:</p> <p>Hospital</p> <p>Freestanding Surgical Center</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p><u>Hospital (Including Maternity, Mental / Behavioral Health, Substance Abuse):</u></p> <p>Facility fees</p> <p>Human Organ and Tissue Transplants <i>Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.</i></p> <p>Doctor and other services</p>	<p>20% coinsurance after deductible is met</p> <p>No charge</p> <p>20% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p><u>Recovery & Rehabilitation</u></p> <p>Home Health Care <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i></p>	<p>20% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p>
<p>Rehabilitation services:</p> <p>Office <i>Coverage for rehabilitative and habilitative physical therapy, occupational, speech therapy, and cardiac rehabilitation have a combined limit of 60 visits per benefit period.</i></p> <p>Outpatient Hospital <i>Coverage for rehabilitative and habilitative physical therapy, occupational, speech therapy, and cardiac rehabilitation have a combined limit of 60 visits per benefit period.</i></p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p>Cardiac rehabilitation</p> <p>Office <i>Coverage for rehabilitative and habilitative physical therapy, occupational, speech therapy, and cardiac rehabilitation have a combined limit of 60 visits per benefit period.</i></p> <p>Outpatient Hospital</p>	<p>\$50 copay per visit deductible does not apply</p> <p>20% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<i>Coverage for rehabilitative and habilitative physical therapy, occupational, speech therapy, and cardiac rehabilitation have a combined limit of 60 visits per benefit period.</i>		
Skilled Nursing Care (facility) <i>Coverage for Skilled Nursing is limited to 60 days per benefit period.</i>	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Hospice	No charge	No charge
Durable Medical Equipment	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Prosthetic Devices	20% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Prescription Drug Benefits National Drug List National Network w/R90 and Optional Home Delivery	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	Not applicable	Not applicable
Pharmacy Out of Pocket	Combined with In-Network medical	Combined with Non-Network medical
Tier 1 - Typically Generic <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$10 copay per prescription, deductible does not apply (retail) and \$25 copay per prescription, deductible does not apply (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$40 copay per prescription, deductible does not apply (retail) and \$100 copay per prescription, deductible does not apply (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)

Covered Prescription Drug Benefits National Drug List National Network w/R90 and Optional Home Delivery	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Tier 3 - Typically Non-Preferred Brand <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$70 copay per prescription, deductible does not apply (retail) and \$175 copay per prescription, deductible does not apply (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic) <i>30 day supply (retail pharmacy). 30 day supply (home delivery).</i>	25% coinsurance per prescription, deductible does not apply (retail) and Not covered (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)

Get help in your language

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

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (833) 578-4443

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.

(TTY/TDD: 711)

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (833) 578-4443.

Armenian (հայերեն). Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (833) 578-4443:

Chinese(中文): 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電(833) 578-4443。

Farsi (فارسی): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه‌ای به زبان مادری‌تان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (833) 578-4443 تماس بگیرید.

French (Français): Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (833) 578-4443.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (833) 578-4443.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (833) 578-4443.

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(833) 578-4443 にお電話ください。

Language Access Services:

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(833) 578-4443로 문의하십시오.

Navajo (Diné): Dii naaltsoos biká'ígíí lahgo bina'idiikidgo ná bohónéedzá dóó bee ahóót'i' t'áá ni nizaad k'ehj̄ bee nił hodoonih t'áadoo bááh ilínígóó. Ata' halne'ígíí la' bich'í' hadeesdzih ninízingo koj̄' hodiilnih (833) 578-4443.

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (833) 578-4443.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਬਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (833) 578-4443 ਤੇ ਕਾਲ ਕਰੋ।

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Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (833) 578-4443.

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>.

Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: \$3,000 HDHP Plan

Your Network: Blue Access

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$3,000 person / \$6,000 family	\$9,000 person / \$18,000 family
Out-of-Pocket Limit	\$3,000 person / \$6,000 family	\$11,500 person / \$23,000 family
<p>The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.</p>		
Preventive Care / Screening / Immunization	No charge	30% coinsurance after deductible is met
<u>Doctor Home and Office Services</u>		
Primary Care Visit	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Specialist Care Visit	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Prenatal and Post-natal Care	0% coinsurance after deductible is met	30% coinsurance after deductible is met
<u>Other Practitioner Visits:</u>		
Retail Health Clinic	0% coinsurance after deductible is met	30% coinsurance after deductible is met
On-line Visit <i>Includes Mental/Behavioral Health and Substance Abuse</i>	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Manipulation Therapy <i>Coverage is limited to 25 visits per benefit period.</i>	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><u>Other Services in an Office:</u></p> <p>Allergy Testing & Serum</p> <p>Chemo/Radiation Therapy</p> <p>Dialysis/Hemodialysis</p> <p>Prescription Drugs - <i>Dispensed in the office</i></p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><u>Diagnostic Services</u></p> <p>Lab:</p> <p>Office</p> <p>Freestanding Lab/Reference Lab</p> <p>Outpatient Hospital</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p>X-Ray:</p> <p>Office</p> <p>Outpatient Hospital</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p>Advanced Diagnostic Imaging:</p> <p>Office</p> <p>Freestanding Radiology Center</p> <p>Outpatient Hospital</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<u>Emergency and Urgent Care</u> Urgent Care	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Emergency Room Facility Services Emergency Room Doctor and Other Services	0% coinsurance after deductible is met	Covered as In-Network
<u>Ambulance</u>	0% coinsurance after deductible is met	Covered as In-Network
<u>Outpatient Mental/Behavioral Health and Substance Abuse</u> Doctor Office Visit Facility visit: Facility Fees Doctor Services	0% coinsurance after deductible is met	30% coinsurance after deductible is met
<u>Outpatient Surgery</u> Facility Fees: Hospital Freestanding Surgical Center Doctor and Other Services: Hospital Freestanding Surgical Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><u>Hospital (Including Maternity, Mental / Behavioral Health, Substance Abuse):</u></p> <p>Facility fees</p> <p>Human Organ and Tissue Transplants <i>Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.</i></p> <p>Doctor and other services</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><u>Recovery & Rehabilitation</u></p> <p>Home Health Care <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i></p>	<p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p>Rehabilitation services:</p> <p>Office <i>Coverage for rehabilitative and habilitative physical therapy, occupational, speech therapy, and cardiac rehabilitation have a combined limit of 60 visits per benefit period.</i></p> <p>Outpatient Hospital <i>Coverage for rehabilitative and habilitative physical therapy, occupational, speech therapy, and cardiac rehabilitation have a combined limit of 60 visits per benefit period.</i></p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p>Cardiac rehabilitation</p> <p>Office <i>Coverage for rehabilitative and habilitative physical therapy, occupational, speech therapy, and cardiac rehabilitation have a combined limit of 60 visits per benefit period.</i></p> <p>Outpatient Hospital <i>Coverage for rehabilitative and habilitative physical therapy, occupational, speech therapy, and cardiac rehabilitation have a combined limit of 60 visits per benefit period.</i></p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p>Skilled Nursing Care (facility) <i>Coverage for Skilled Nursing is limited to 60 days per benefit period.</i></p>	<p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p>Hospice</p>	<p>0% coinsurance after deductible is met</p>	<p>0% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Durable Medical Equipment	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Prosthetic Devices	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Covered Prescription Drug Benefits National Drug List National Network w/R90 and Optional Home Delivery	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	Combined with In-Network medical deductible	Combined with Non-Network medical deductible
Pharmacy Out of Pocket	Combined with In-Network medical	Combined with Non-Network medical
Tier 1 - Typically Generic <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Tier 2 – Typically Preferred Brand <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Tier 3 - Typically Non-Preferred Brand <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Tier 4 - Typically Specialty (brand and generic) <i>30 day supply (retail pharmacy). 30 day supply (home delivery).</i>	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Get help in your language

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

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (833) 578-4443

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.

(TTY/TDD: 711)

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (833) 578-4443.

Armenian (հայերեն). Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (833) 578-4443:

Chinese (中文): 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電(833) 578-4443。

Farsi (فارسی): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (833) 578-4443 تماس بگیرید.

French (Français): Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (833) 578-4443.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (833) 578-4443.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (833) 578-4443.

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Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(833) 578-4443로 문의하십시오.

Navajo (Diné): Dii naaltsoos biká'ígíí lahgo bina'idiikidgo ná bohónéedzá dóó bee ahóót'i' t'áá ni nizaad k'ehj̄ bee nił hodoonih t'áadoo bááh ilínígóó. Ata' halne'ígíí la' bich'í' hadeesdzih ninizingo koj̄' hodiilnih (833) 578-4443.

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (833) 578-4443.

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Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: \$4,000 PPO Plan

Your Network: Blue Access

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$4,000 person / \$8,000 family	\$12,000 person / \$24,000 family
Out-of-Pocket Limit	\$5,000 person / \$10,000 family	\$15,000 person / \$30,000 family
<p>The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.</p>		
Preventive Care / Screening / Immunization	No charge	50% coinsurance after deductible is met
<p><u>Doctor Home and Office Services</u></p> <p>Primary Care Visit <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$5 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i></p>	0% coinsurance after deductible is met	50% coinsurance after deductible is met
<p>Specialist Care Visit <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$5 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i></p>	\$50 copay per visit deductible does not apply	50% coinsurance after deductible is met
Prenatal and Post-natal Care	0% coinsurance after deductible is met	50% coinsurance after deductible is met
<p><u>Other Practitioner Visits:</u></p> <p>Retail Health Clinic</p> <p>On-line Visit <i>Includes Mental/Behavioral Health and Substance Abuse</i></p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Manipulation Therapy <i>Coverage is limited to 25 visits per benefit period.</i>	0% coinsurance after deductible is met	50% coinsurance after deductible is met
<u>Other Services in an Office:</u> Allergy Testing & Serum Chemo/Radiation Therapy - PCP Chemo/Radiation Therapy - Specialist Dialysis/Hemodialysis Prescription Drugs - <i>Dispensed in the office</i>	No charge 0% coinsurance after deductible is met \$50 copay per visit deductible does not apply \$50 copay per visit deductible does not apply 0% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met
<u>Diagnostic Services</u> Lab: Office Freestanding Lab/Reference Lab Outpatient Hospital	No charge No charge 0% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met
X-Ray: Office Outpatient Hospital	No charge 0% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met
Advanced Diagnostic Imaging: Office	0% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Freestanding Radiology Center	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	50% coinsurance after deductible is met
<p><u>Emergency and Urgent Care</u></p> <p>Urgent Care <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$5 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i></p>	\$95 copay per visit deductible does not apply	50% coinsurance after deductible is met
<p>Emergency Room Facility Services <i>Copay waived if admitted.</i></p>	\$500 copay per visit deductible does not apply	Covered as In-Network
<p>Emergency Room Doctor and Other Services</p>	No charge	Covered as In-Network
<p><u>Ambulance</u></p>	0% coinsurance after deductible is met	Covered as In-Network
<p><u>Outpatient Mental/Behavioral Health and Substance Abuse</u></p> <p>Doctor Office Visit</p> <p>Facility visit:</p> <p>Facility Fees</p> <p>Doctor Services</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p><u>Outpatient Surgery</u></p> <p>Facility Fees:</p> <p>Hospital</p> <p>Freestanding Surgical Center</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Doctor and Other Services:</p> <p>Hospital</p> <p>Freestanding Surgical Center</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p><u>Hospital (Including Maternity, Mental / Behavioral Health, Substance Abuse):</u></p> <p>Facility fees</p> <p>Human Organ and Tissue Transplants <i>Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.</i></p> <p>Doctor and other services</p>	<p>0% coinsurance after deductible is met</p> <p>No charge</p> <p>0% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p><u>Recovery & Rehabilitation</u></p> <p>Home Health Care <i>Coverage is limited to 100 visits per benefit period. Limits are combined for all home health services.</i></p>	<p>0% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p>
<p>Rehabilitation services:</p> <p>Office <i>Coverage for rehabilitative and habilitative physical therapy, occupational, speech therapy, and cardiac rehabilitation have a combined limit of 60 visits per benefit period.</i></p> <p>Outpatient Hospital <i>Coverage for rehabilitative and habilitative physical therapy, occupational, speech therapy, and cardiac rehabilitation have a combined limit of 60 visits per benefit period.</i></p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p>Cardiac rehabilitation</p> <p>Office <i>Coverage for rehabilitative and habilitative physical therapy, occupational, speech therapy, and cardiac rehabilitation have a combined limit of 60 visits per benefit period.</i></p> <p>Outpatient Hospital</p>	<p>\$50 copay per visit deductible does not apply</p> <p>0% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<i>Coverage for rehabilitative and habilitative physical therapy, occupational, speech therapy, and cardiac rehabilitation have a combined limit of 60 visits per benefit period.</i>		
Skilled Nursing Care (facility) <i>Coverage for Skilled Nursing is limited to 60 days per benefit period.</i>	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Hospice	No charge	No charge
Durable Medical Equipment	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Prosthetic Devices	0% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Prescription Drug Benefits National Drug List National Network w/R90 and Optional Home Delivery	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	Not applicable	Not applicable
Pharmacy Out of Pocket	Combined with In-Network medical	Combined with Non-Network medical
Tier 1 - Typically Generic <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$10 copay per prescription, deductible does not apply (retail) and \$25 copay per prescription, deductible does not apply (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$40 copay per prescription, deductible does not apply (retail) and \$100 copay per prescription, deductible does not apply (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)

Covered Prescription Drug Benefits National Drug List National Network w/R90 and Optional Home Delivery	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Tier 3 - Typically Non-Preferred Brand <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$70 copay per prescription, deductible does not apply (retail) and \$175 copay per prescription, deductible does not apply (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic) <i>30 day supply (retail pharmacy). 30 day supply (home delivery).</i>	25% coinsurance per prescription, deductible does not apply (retail) and Not covered (home delivery)	50% coinsurance, deductible does not apply (retail) and Not covered (home delivery)

Get help in your language

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

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (833) 578-4443

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.

(TTY/TDD: 711)

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (833) 578-4443.

Armenian (հայերեն). Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (833) 578-4443:

Chinese(中文): 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電(833) 578-4443。

Farsi (فارسی): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه‌ای به زبان مادری‌تان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (833) 578-4443 تماس بگیرید.

French (Français): Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (833) 578-4443.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (833) 578-4443.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (833) 578-4443.

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(833) 578-4443 にお電話ください。

Language Access Services:

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(833) 578-4443로 문의하십시오.

Navajo (Diné): Dii naaltsoos biká'ígíí lahgo bina'idiikidgo ná bohónéedzǎ dóo bee ahóót'i' t'áá ni nizaad k'ehj̄ bee nił hodoonih t'áadoo bááh ilínígóó. Ata' halne'ígíí la' bich'í' hadeesdzih ninízingo koj̄' hodiilnih (833) 578-4443.

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (833) 578-4443.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਬਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (833) 578-4443 ਤੇ ਕਾਲ ਕਰੋ।

Russian (Русский): если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (833) 578-4443.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (833) 578-4443.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (833) 578-4443.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (833) 578-4443.

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>.

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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 an Anthem member. Check out how much you can save:

Vision, hearing and dental

Glasses.com™ and 1-800-CONTACTS® – 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.

EyeMed – Get 30% off a new pair of glasses, 20% off non-prescription sunglasses and 20% off all eyewear accessories.

Premier LASIK – Save \$800 on LASIK when you choose any ‘featured’ Premier LASIK Network provider. Save 15% with all other in-network providers.

TruVision – Save up to 40% on LASIK eye surgery at more than 1,000 locations (over 6.5 million procedures performed in the network).

Nations Hearing – Get hearing screenings and in-home service at no additional cost. All hearing aids start at \$599 each, powered by the Beltone network.

Hearing Care Solutions – Digital instruments start at \$500. Plus, get a free hearing exam. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, two years of batteries and unlimited visits for one year.

Amplifon – Get 25% off, plus an extra \$50 off one hearing aid; \$125 off two.

ProClear™ Aligners – Get \$1,200 off a set of custom aligners. Improving your smile shouldn’t cost a fortune. Now you can get a beautiful, professional smile in the comfort of your own home – all at a 50% savings. No metal braces; no time-consuming dentist visits; no hidden fees. Order now and get a free whitening kit, along with your great-looking smile.



SpecialOffers on anthem.com

Fitness and health

Active&Fit Direct™ — Active&Fit Direct allows you to choose from more than 9,000 participating fitness centers nationwide for \$25 a month (plus a \$25 enrollment fee and applicable taxes). Offered through American Specialty Health Fitness, Inc.

FitBit — Get fit your way with Fitbit trackers and smartwatches that fit with your lifestyle, budget and goals. Save up to 22% on select Fitbit devices.

Garmin — Get 25% off select Garmin wellness devices.

Jenny Craig — Take advantage of a free, three-month program (food not included) plus \$120 in food savings (purchase required), or save 50% off premium programs (food cost separate).

ChooseHealthy — Get discounts on acupuncture, chiropractic, massage and fitness clubs.

Global Fit — Get discounts on gym memberships, fitness equipment, coaching and more.

Family and home

23andMe — Get \$40 off each Health + Ancestry kit. Your DNA says a lot about you. Save 20% on a 23andMe kit and learn about your wellness, ancestry and more.

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

Nationwide Pet Insurance — Receive an automatic 5% discount when you enroll through your company or organization. Save up to 15% when you enroll multiple pets.

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

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

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

Medicine and treatment

SelfHelpWorks — Choose one of the online Living programs and save 15% on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep or face an alcohol problem.

Brevena — Enjoy a 41% discount on BREVENA® skin care creams and balms for smooth, rejuvenated skin from face to foot.

Puritan's Pride — Choose from a large selection of discounted vitamins, minerals and supplements from Puritan's Pride.

Allergy Control Products — Save 20% on select doctor-recommended products such as allergy friendly bedding, air purifiers and filters, asthma products and more. Plus enjoy free shipping on all orders over \$79 when shipping ground within the contiguous U.S.

National Allergy® supply — Save 20% on select National Allergy® Doctor Recommended Products.

- Allergy bedding
- Air purifiers and filters
- Home allergy products
- Personal care
- Humidifiers and dehumidifiers
- Vacuums and steam cleaners

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.

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Take care of yourself

Use your preventive care benefits



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

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

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

Preventive vs. diagnostic care

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

Adult preventive care

Preventive physical exams

Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)
- 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 body mass index (BMI)
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years³
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

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

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met⁴
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling^{5,6,7}
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those with a high risk of breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- HPV screening⁶
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression⁶
- Pelvic exam and Pap test, including screening for cervical cancer

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

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

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

Child preventive care

Preventive physical exams

Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and BMI
- Hemoglobin or hematocrit (blood count)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10–24 with fair skin about lowering their risk for skin cancer
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening when done as part of a preventive care visit²

Immunizations:

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

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

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

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

⁴ Check your medical policy for details.

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

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

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



Your Health Care Summary – beyond an explanation of your benefits

Claims information, how to save money, ways to stay healthy – it's all there and more

You expect a lot from us as your health plan. That's ok. Challenge accepted! It's why your *Health Care Summary* includes all the details you're used to seeing in an explanation of benefits (EOB) – the care you got, what the charge was, how much you'll pay and how much we'll pay. But it doesn't stop there! Check it out ...



It's got everything you'll want to know about a claim.

In the *Claims summary* section, you'll get a quick look at how much the charge was for your care and how much of that you need to pay. For more details about a claim ... well, go to the *Claims details* page. It'll break down the amounts for your copay, deductible, percentage of the costs and services not covered to make it simpler to understand your claims.

You pay \$175.00. Here's how it breaks down.

				Your total cost
Copay	Deductible	Your share of the cost (coinsurance)	Services not covered	
+	+	+	+	
0.00	175.00	0.00	0.00	= 175.00
0.00	175.00	0.00	0.00	= \$175.00

Want to know how much of a claim went toward your deductible and out-of-pocket maximum?

Your year-to-date summary will give you a look at that and also show you how much is left until you reach those.

Jane Q. Member Member ID: WW900W90909 Coverage: Individual + Children
Group ID: 000123 - ABCDEFG Corporation

Plan deductible	In-network deductible	Applied to date	Remaining deductible	Out-of-network deductible	Applied to date	Remaining deductible
Individual						
Jane Q. Member	\$1,500.00	-\$500.00	\$1,000.00	\$2,500.00	-\$750.00	\$1,750.00
Tom F. Dependent	\$1,500.00	-\$500.00	\$1,000.00	\$2,500.00	-\$100.00	\$2,400.00
Family	\$4,000.00	-\$1,000.00	\$3,000.00	\$6,000.00	-\$1,000.00	\$5,000.00
Out-of-pocket (OOP) maximum	In-network OOP max	Applied to date	Remaining OOP max	Out-of-network OOP max	Applied to date	Remaining OOP max
Individual						
Jane Q. Member	\$4,000.00	-\$1,000.00	\$3,000.00	\$8,000.00	-\$1,060.00	\$6,940.00
Tom F. Dependent	\$4,000.00	-\$750.00	\$3,250.00	\$8,000.00	-\$1,000.00	\$7,000.00
Family	\$6,000.00	-\$2,000.00	\$4,000.00	\$10,000.00	-\$3,000.00	\$7,000.00

→ Continued on other side



Looking for savings opportunities?

Maybe you didn't know how much money you can save when you get care from a doctor or facility in your plan. Your *Health Care Summary* can show you easy ways to save on your out-of-pocket costs.



Preventive care reminders*

For Jane

- Breast cancer screening
- Diabetes check
- Colon cancer screening

For Tom

- Child well-care visit
- Flu shot

For Ben

- Child well-care visit
- Flu shot

*Your checklist is based on age and gender guidelines from the Centers for Disease Control and Prevention. Been to the doctor recently? It may not reflect your most recent services.

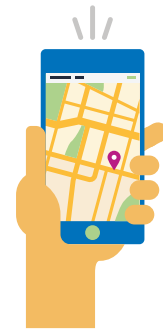
You'll also see any recommended preventive care you should get.

You know, the screenings, checkups, lab tests or vaccines you may have put off or the things you need to do if you have certain health conditions. If you have kids, it'll even show any preventive care they should get.



How about tips and tools on health and wellness, and ways to get the most out of your health plan?

Your *Health Care Summary* has those, too! For example, do you know where the closest urgent care is to your home? We do — and we'll make sure you do, too!



Claims details



Cost savings



Preventive care reminders



Tools & tips



What's in a name? A lot!

Your *Health Care Summary* is exactly what it says it is: a summary of all the important information you need to know about the health care you get.



Savings. Convenience. Peace of mind.

Get it all with our
home delivery pharmacy.



If one less thing to do in your day sounds good, you can get your prescription medications delivered to your home instead of picking them up at the pharmacy. It's easy to set up home delivery for the prescriptions you take long-term for conditions like diabetes or asthma. You'll get a 90-day supply with free standard shipping. And it may save you money.

With home delivery, you get:



Savings

Many medicines cost less when you get a 90-day supply instead of three 30-day supplies.



Convenience

You can skip the trip to the pharmacy. First-time home delivery orders take about two weeks, and refills take 3 to 5 days. You can set up automatic refills, too.



Peace of mind

You'll be less likely to miss a dose and more likely to stay on track with the treatment your doctor prescribed.*

2 easy ways to switch

1. You can get started with home delivery online at anthem.com or through the Anthem Anywhere/Sydney app. Just visit the pharmacy page after you log in to get started. You can also refill your prescriptions, find a pharmacy, see what's covered and even price drugs before you get them.
2. Or you can call us at the Pharmacy Member Services number on your health plan ID card.



Still have questions?

Call us at the Pharmacy Member Services number on your health plan ID card.

* Schwab P, Racsa P, Rascati K, Mourer M, Meah Y, Worley K. A Retrospective Database Study Comparing Diabetes-related Medication Adherence and Health Outcomes for Mail-order versus Community Pharmacy. J Manag Care Spec Pharm 2019 Mar;25(3):332-40: ncbi.nlm.nih.gov/pubmed/30816817.

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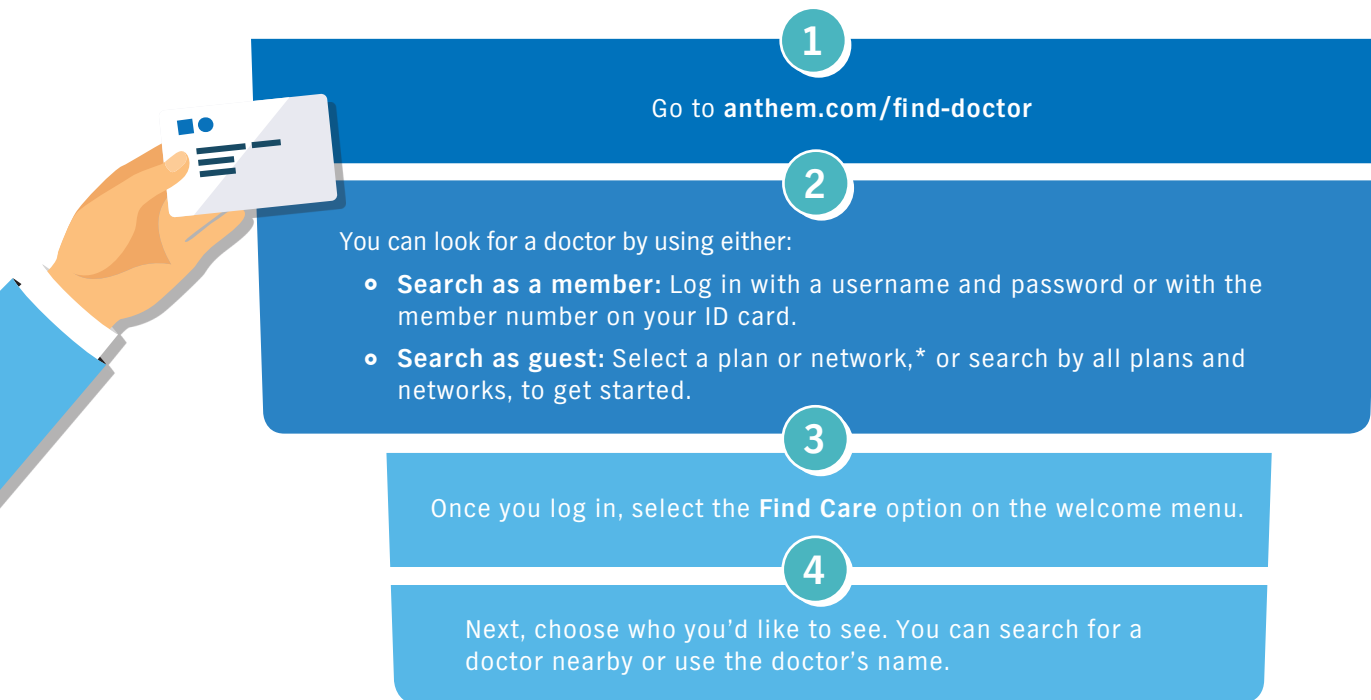
Looking for a doctor?

Finding one online is fast and easy

The right doctor can make all the difference — and choosing one in your plan can save you money, too. Our **Find a Doctor** tool helps you find doctors, dentists, hospitals, labs and other health care providers in your plan. If you decide to get care from doctors outside the plan, it'll cost you more and your care might not be covered at all.



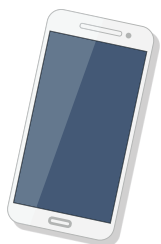
Here's all you need to do to find a doctor near you:



- 5 Select a provider to get details, like:
 - Specialties
 - Gender
 - Languages spoken
 - Training
 - A map of their office location
 - Phone number

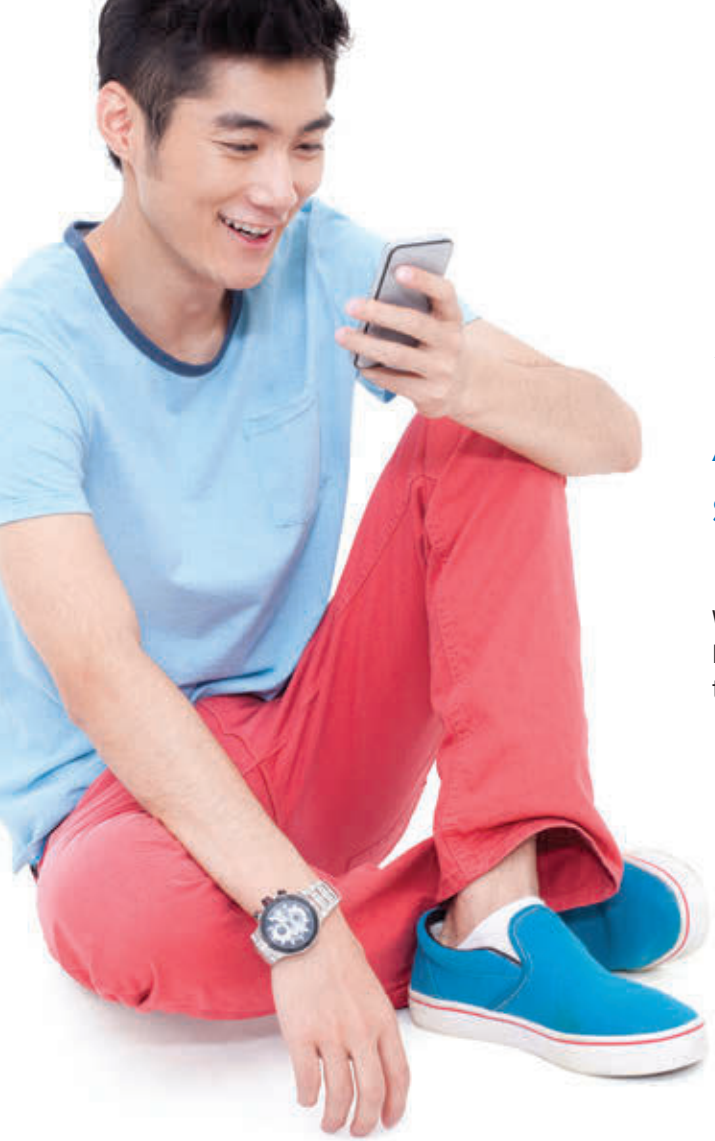
Going mobile

Search for doctors, hospitals and more on your smartphone or mobile device. And don't forget that going mobile keeps everything you need to know about your plan — including medical, pharmacy, dental, vision, life insurance — in one place. It's simple, personal and all about you. Simply download the **Sydney** app to get started.



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

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Say hi to Sydney

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

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

Get started with Sydney
Download the app today!



Simple

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

With just one click, you can:

- Find care and check costs
- Check all benefits
- See claims

Smart

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

- Get answers even faster with our chatbot
- View and use digital ID cards

Personal

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

Already using one of our apps?

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

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.

ConditionCare

If you have asthma, diabetes, chronic obstructive pulmonary disease (COPD), heart disease or heart failure, ConditionCare can give you the tools and resources you need to take charge of your health. You'll get:

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

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:

- A nurse specializing in obstetrics who can answer your questions, 24/7, and will call to check on your progress.
- The *Mayo Clinic Guide to a Healthy Pregnancy*, which explains the changes your body and baby are going through.
- A screening to check your health risks.
- Resources to help you make healthier decisions during pregnancy.
- Free phone access to pharmacists, nutritionists and other specialists, if needed.
- Other helpful information on labor and delivery, including options and how to prepare.

24/7 NurseLine

Whether it's 3 a.m. or a lazy Sunday afternoon, you can talk to a registered nurse any time of the day or night.

These nurses can:

- Answer questions about health concerns.
- Help you decide where to go for care when your doctor, dentist, or eye doctor isn't available.
- Help you find providers and specialists in your area.
- Enroll you and your dependents in health management programs.
- Remind you about scheduling important screenings and exams, including dental and vision check ups.

Get the support you need

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

- ConditionCare: 866-962-1065
- Future Moms: 800-828-5891
- 24/7 NurseLine: 800-337-4770



Have a video visit with a doctor in minutes, 24/7

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

Life moves pretty fast. When you're not feeling well, you want to feel better fast. With LiveHealth Online, you don't need to make an appointment. Just sign up at livehealthonline.com or use the app, and see a board-certified doctor in a few minutes.

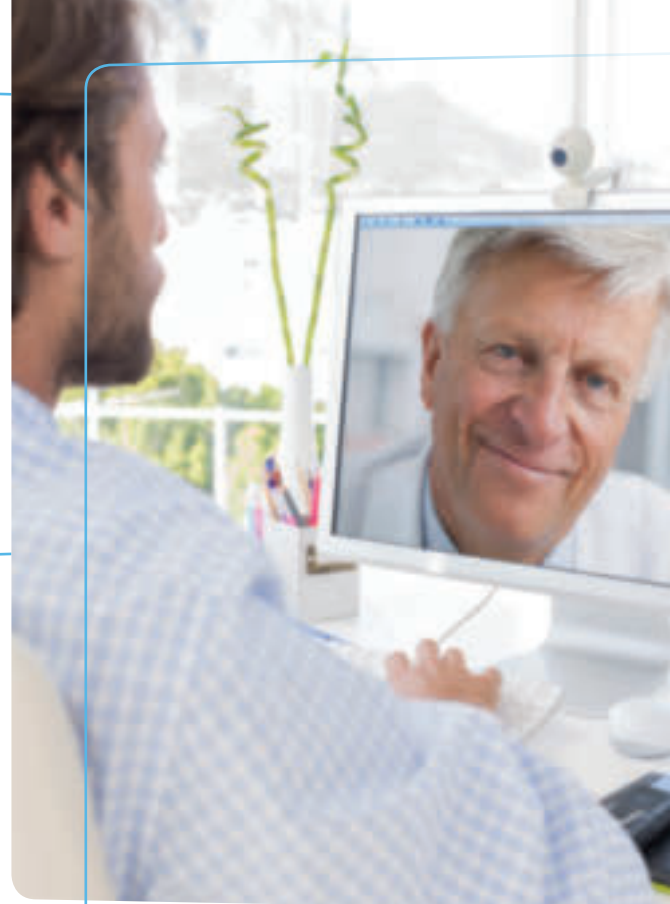
When your own doctor isn't available, use LiveHealth Online if you have:

- Pinkeye
- A cold
- The flu
- A fever
- Allergies
- A sinus infection
- And more

A doctor can assess your condition, provide a treatment plan and even send a prescription to your pharmacy, if it's needed.*

What will a visit cost?

Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs — usually \$59 or less.



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

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



See a Spanish-speaking doctor with Cuidado Médico on LiveHealth Online



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

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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Skip the ER

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

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

Here's what to do when you need care fast



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

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



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

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

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

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








When to head to the ER

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

Remember

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

Where to get care quickly

	Who usually provides care	Estimated average cost ²	When to go
 <p>Emergency Room</p>	Doctors trained in emergency medicine	For non-emergencies: \$1,404	<ul style="list-style-type: none"> Coughing up or vomiting blood Symptoms feel life-threatening or disabling Chest pain or severe shortness of breath Major injury or broken bones Sudden or unexplained loss of consciousness Severe pain that cannot be controlled If you're pregnant and having labor pain
 <p>Retail Health Clinic</p>	Physician assistants or nurse practitioners	\$72	<ul style="list-style-type: none"> Allergic reactions (minor) Bumps, cuts, scrapes, rashes Burning with urination Burns (minor) Cold, cough and sore throat Sinus pain and fever (minor) Eye or ear pain or irritation Shots
 <p>Walk-in Doctor's Office</p>	Family practice doctors	\$124	<p>Same as retail health clinic plus...</p> <ul style="list-style-type: none"> Asthma (mild) Back pain Nausea or diarrhea Headache (minor)
 <p>Urgent Care Center</p>	Doctors who treat conditions that should be looked at right away	\$143	<p>Same as walk-in doctor's office plus...</p> <ul style="list-style-type: none"> Animal bites Sprains and strains Stitches X-rays
 <p>LiveHealth Online</p>	Board-certified doctors	\$59 or less	<ul style="list-style-type: none"> Allergic reactions (minor) Headache (minor) Nausea or diarrhea Cold, cough and sore throat Sinus pain and fever (minor) Eye or ear pain or irritation Burning with urination



Need care fast?

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



Be prepared

- Get the right care.** Whether that's finding the right doctor, specialist, therapist or something else altogether. Just use the **Find a Doctor** tool at anthem.com or call the **Member Services** number on your ID card and we'll guide you somewhere that's part of your plan.
- Find care near you whenever you need it.** Download the **Anthem Anywhere** app to find an urgent care center, retail health clinic or walk-in doctor's office quickly and get driving directions. Just search for "Anthem Anywhere" at the App Store[®] or Google Play.[™]



Money-saving tip

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

¹ If you get care from a health professional or facility that is not in your health plan, you may have much higher out-of-pocket costs.
² National averages of the total cost, not what members paid based on Anthem members' paid claims from January 1, 2016 through December 31, 2016.

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

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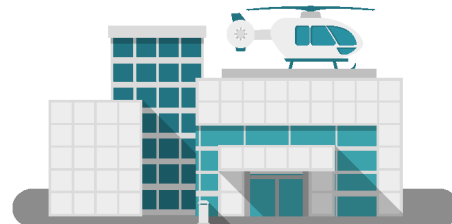
Shop smart – compare now, save later

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

Hospital 1



Hospital 2



Examples of procedures you can compare with the Estimate Your Cost tool

\$4,500	Bronchoscopy (Average cost \$6,200)	\$7,900
\$700	Chest CT scan (Average cost \$800)	\$1,000
\$31,600	Hip replacement (Average cost \$34,700)	\$37,900
\$31,700	Knee replacement (Average cost \$34,700)	\$37,700

Sample cost comparison*



Know your costs before you get care

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

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



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

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Take your benefits with you

With the BlueCard® PPO and Blue Cross Blue Shield Global Core programs

What happens if you're away from home and you need care right away? As an Anthem Blue Cross and Blue Shield (Anthem) member, you have access to care across the country through the **BlueCard® PPO Program**. This includes **93% of doctors and 96% of hospitals in the U.S.**¹

How to access care across the U.S.:



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



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



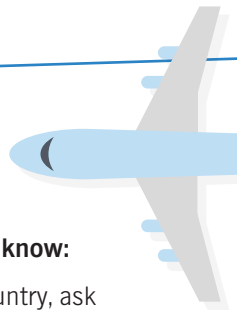
Use the **Anthem Anywhere app** to search for a BlueCard PPO Program doctor or hospital. Get turn-by-turn directions to the nearest doctor, urgent care center or hospital.



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

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

Traveling?



Here's what you need to know:

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



Remember to carry your ID card

The "PPO-in-a-suitcase" symbol shows you can get care from BlueCard PPO Program doctors and hospitals.



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How to access care around the world

The Blue Cross Blue Shield Global Core Program gives you benefits when you travel outside the U.S.

If you're outside the U.S., you can use the **Blue Cross Blue Shield Global Core Program**. It gives you access to preferred doctors and hospitals in nearly 190 countries and territories around the world.²



Need care outside the U.S.? You can:



Go straight to the nearest hospital in an emergency.



Go to www.bcbsglobalcore.com to search for a doctor or hospital.



Use the **Blue Cross Blue Shield Global Core app** to find a doctor or hospital.



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

Download the Blue Cross Blue Shield Global Core app today



With the app, you can:

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



Unless it's an emergency, call the Global Core Service Center before getting care outside the U.S. Global Core will work with the doctor and Anthem to approve and accept a Guarantee of Payment (GOP). What if you get care from a doctor or hospital that has not accepted a GOP?

1. You will need to pay up front in full for your care.
2. Download an international claim form at www.bcbsglobalcore.com or get a form by calling Member Services at the number on your ID card.
3. Fill out the claim form and send it with the original bills to the Blue Cross Blue Shield Global Core Service Center. You can submit them through the mobile app, email or postal mail.

1 Blue Cross Blue Shield Association website, *BlueFacts* (accessed March 2017): bcbs.com/sites/default/files/file-attachments/page/BCBS.Facts_.pdf.

2 GeoBlue website, More than 20 years as a leader in international healthcare (accessed March 2017): about.geo-blue.com.

3 Using the Blue Cross Blue Shield Global Core app itself does not require an internet connection. However, using GPS for mapping or downloading an audio translation does require an internet connection (accessed March 2017): bcbsglobalcore.com/Home/MobileApp/#features.

The Blue Cross Blue Shield Global Core program was formerly known as BlueCard Worldwide®.

Blue Cross, Blue Shield, the Blue Cross and Blue Shield symbols, BlueCard, BlueCard Worldwide, and Blue Cross Blue Shield Global are trademarks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies.



The legal stuff we're required to tell you

How we keep your information safe and secure

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

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

How we help manage your care

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

To learn more about how we help manage your care, go to [anthem.com/memberrights](https://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 choose a plan, enroll in it or make changes to it. If you choose not to enroll, there are special cases when you're allowed to enroll during other times of the year.

Get the full details

Read your **Certificate of Coverage**, which spells out all the details about your plan. You can find on [anthem.com](https://www.anthem.com).

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



Ready to choose your plan?

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.

Ready to use your plan?

Get some extra help

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



Anthem 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.