

Choosing and using your plan

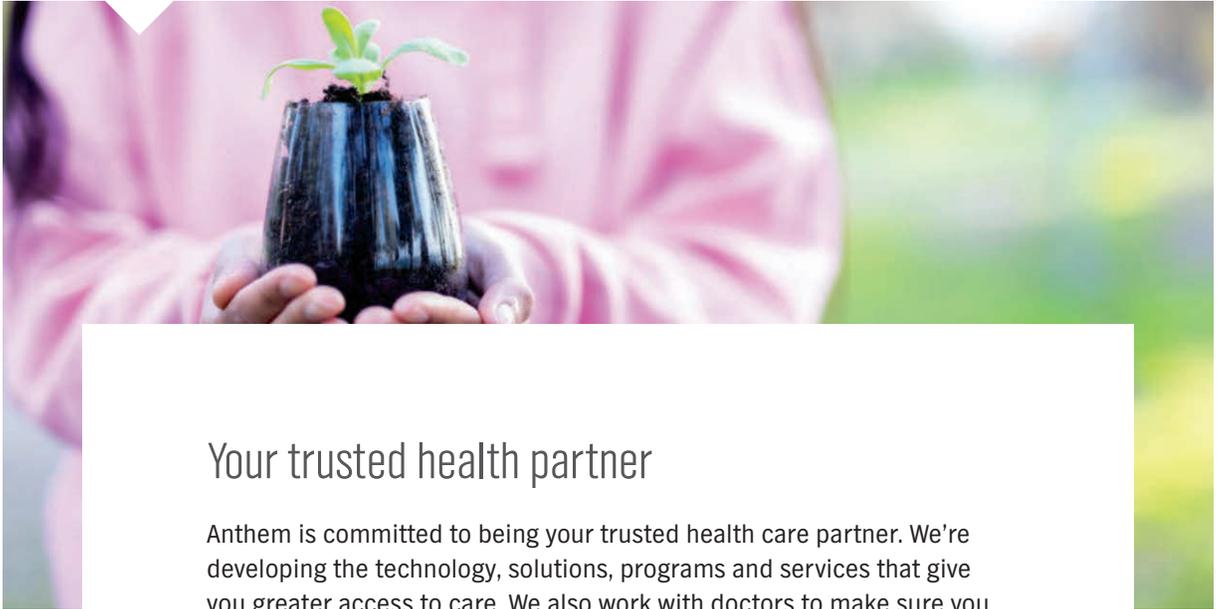
Your guide to open enrollment and
making the most of your benefits



City of Youngstown
Medical, Dental, Vision



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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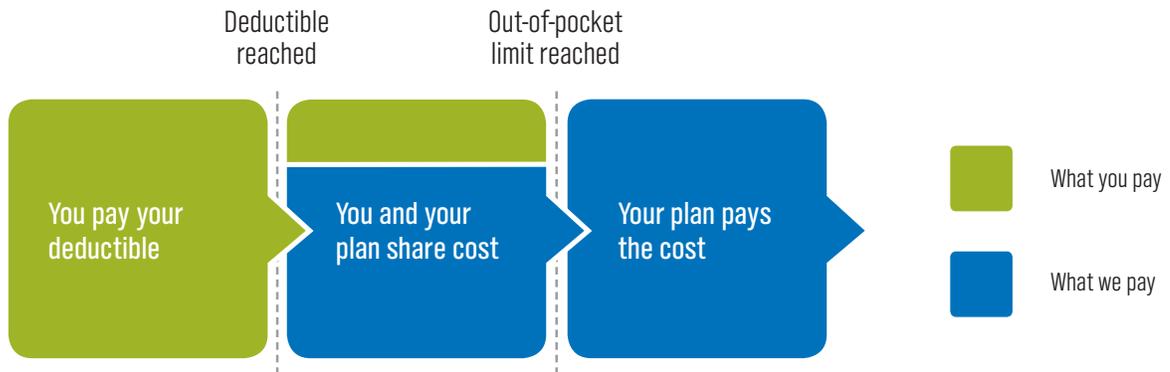


The basics explained

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> | |



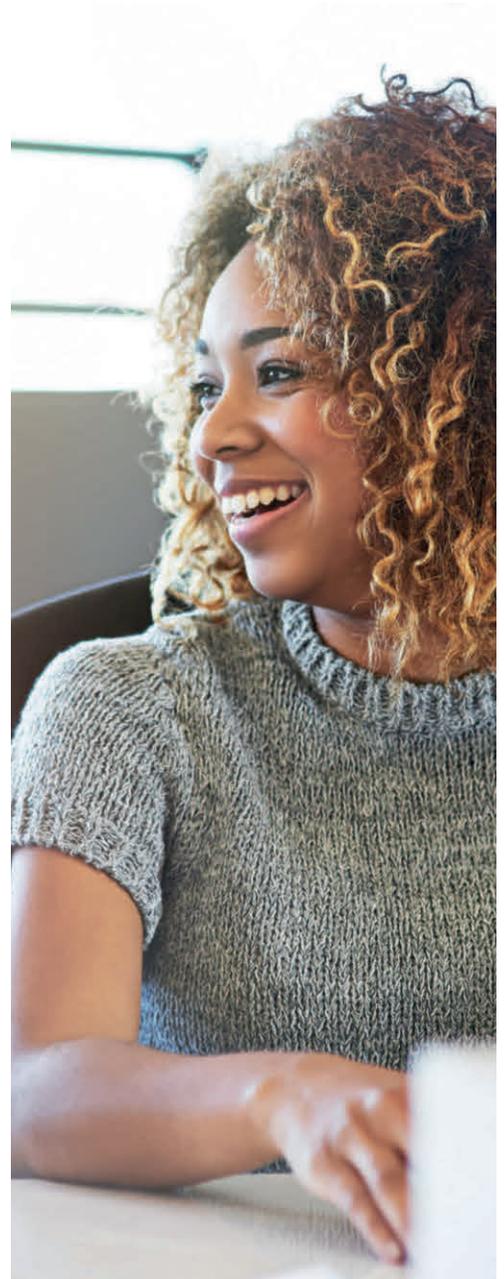
Explore your plan options

Let's take a look at the plan your employer is offering.

PPO

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

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





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 **National 4-tier** Drug List by visiting [anthem.com/national4tier](https://www.anthem.com/national4tier).
- 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

Your plan option doesn't require a pharmacy deductible. That means your plan helps pay for medicine before you reach your deductible.

You and your plan share the costs

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.



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.





Dental benefits

Dental PPO

Dental benefits not only protect your teeth, but can support overall health, too. Some conditions like heart disease, for example, can have warning signs in the mouth and gums. Our dental plan gives you all the benefits you need for a healthy mouth and more.

Visit [anthem.com/mydentalppo](https://www.anthem.com/mydentalppo) to watch a video and learn more about a dental PPO plan.

Your dental plan benefits cover:

- Most preventive and diagnostic services at 100%. That includes things like cleanings and X-rays.
- More dental services, including an extra periodontal cleaning if you're enrolled in certain care management programs.
- Discounts through SpecialOffers@AnthemSM.

Use the **Sydney Health** app or visit [anthem.com](https://www.anthem.com) to:

- Find a dentist in your plan and pay less.
- Order extra ID cards or use your mobile ID card through the **Sydney Health** app.
- Find out the status of a claim.
- Get a health score for your gums and teeth using our Dental Health Assessment tool.
- Email a dental hygienist your dental questions through our Ask a Hygienist tool.

Dental tools that won't hurt a bit

Your plan comes with handy tools to help you get the best care and save money:

- **Dental Care Cost Estimator:** Lets you estimate common dental procedures and treatments.
- **The right dentist can make all the difference – and choosing one in your plan can save you money, too.** Use our Find a Doctor tool on [anthem.com](https://www.anthem.com).





Vision benefits

When you choose Blue View VisionSM, you'll be covered for checkups and eye exams and you'll get allowances for the glasses or contacts you rely on.

Blue View Vision gives you access to more than 38,000 eye doctors at more than 27,000 locations across the country so you can find eye care and eyewear close to home and work. Locations include retail stores like LensCrafters®, Target Optical® and most Pearle Vision® stores. You can order glasses and contacts online through **Glasses.com**, **ContactsDirect** or **1-800-CONTACTS**.

Blue View Vision's International Travel Solution helps you when traveling outside of the U.S.:

- Find a trusted eye doctor in 20 countries and territories.¹
- Get 24/7 phone support with translation services in 160 languages.
- If you lose or break your glasses, you can get temporary emergency glasses with adjustable lenses delivered within 24 hours in most locations at no additional cost.

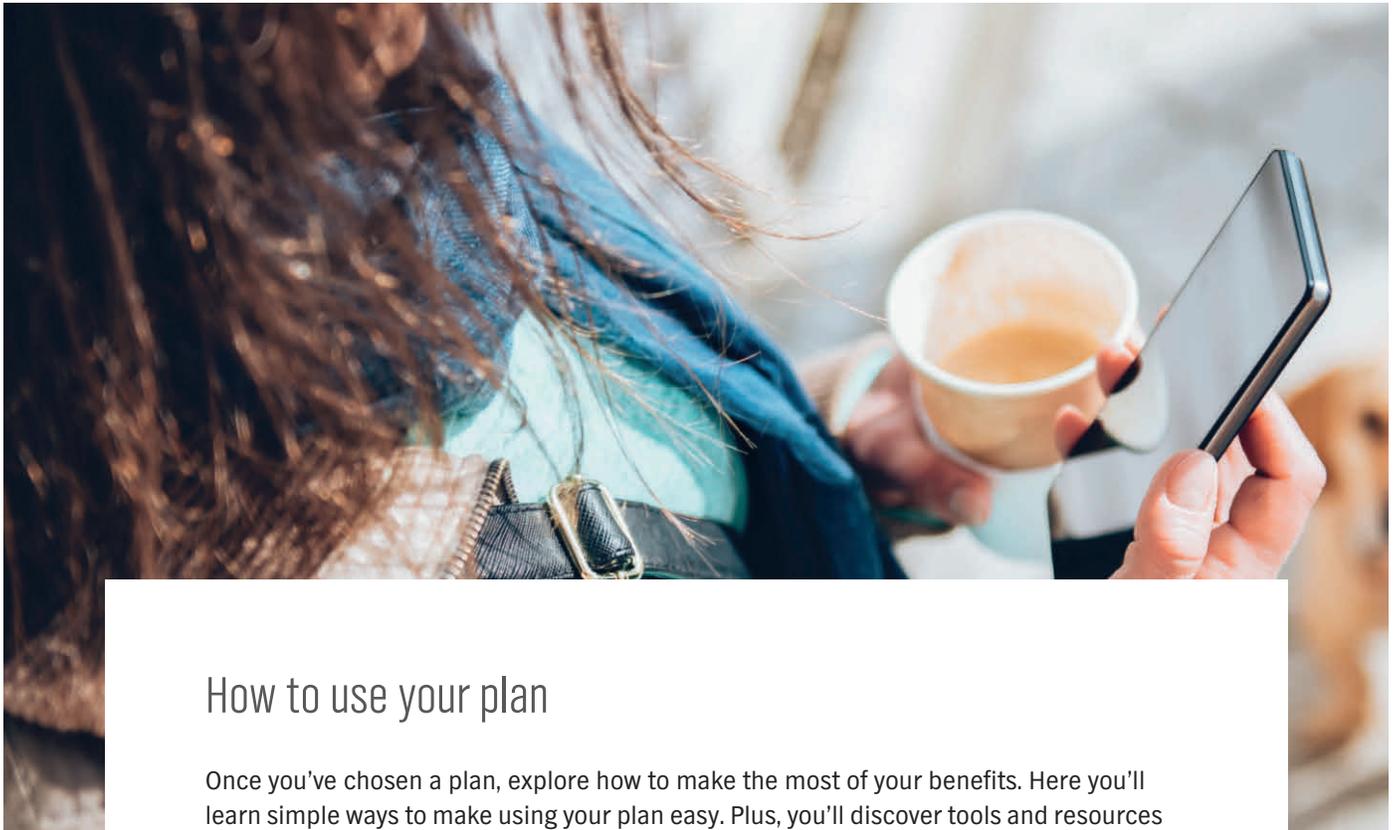
Keep an eye on your health

Routine eye checkups go beyond making sure you can see clearly. They also can catch other health problems early, like diabetes, high blood pressure, high cholesterol and rheumatoid arthritis.²



¹ Available in Australia, Austria, Brazil, Canada, Chile, China, Colombia, Ecuador, England, France, Germany, Hong Kong SAR, Italy, Japan, Mexico, New Zealand, Peru, Puerto Rico, U.S., Spain and Switzerland.

² American Optometric Association website, *Evidence-Based Clinical Practice Guideline, Comprehensive Adult Eye and Vision Examination 2015* (accessed February 2019): aoa.org.



How to use your plan

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



How to use your plan

Use your ID card right from your phone

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

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

Register for online tools and resources

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

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



How to use your plan

Find a doctor in your plan

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

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

You may choose to see an Enhanced Personal Health Care (EPHC) doctor as your primary care doctor. EPHC doctors spend extra time with you to provide high-quality care that is focused on your whole health, not just your symptoms. This includes building a care plan around your needs, helping you better manage any chronic disease and helping you get access to specialists when you need them.

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**.

Behavioral Health Resource – When dealing with behavioral health issues like depression, anxiety, substance abuse or eating disorders, extra support can make a big difference. Our caring professionals will work with you to arrange counseling and support services that meet your individual and family needs. Just call **1-866-785-2789**.

Cancer Resources – The Stronger Together website is a great resource for anyone facing cancer. You'll find tools and information that can help you make shared treatment decisions, prepare for care or develop a care plan, manage symptoms, find caregiving support, and more. Visit **cancerresources.anthem.com**.

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.

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](#).

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

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

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.

Online Wellness Toolkit — Get tools that help you set and achieve your unique health goals. It includes a Health Assessment, personalized trackers to monitor your progress toward reaching your goals and fun activities that promote healthier decisions.

SpecialOffers — Saving money is good. Saving money on things that are good for you — even better. With SpecialOffers, you can get discounts on products and services that help promote better health and well-being.

The Weight Center — This online resource connects you to information on how to manage your weight, eat healthier and take care of your emotional well-being. It includes access to helpful tools like a body mass index (BMI) calculator, the Weight Management Playbook and FitLife podcasts at no extra cost to you.

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.

Your summary of benefits

Anthem® BlueCross and BlueShield

Your Plan: **City of Youngstown** - Anthem Blue Access PPO with National Formulary

Your Network: Blue Access **Effective March 1, 2020**

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

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

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|---|--|---|
| Overall Deductible <i>See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.</i> | \$500 person / \$1,000 family | \$1,000 person / \$2,000 family |
| Out-of-Pocket Limit <i>When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.</i> | \$3,000 person / \$6,000 family | \$6,000 person / \$12,000 family |
| Preventive care/screening/immunization <i>In-network preventive care is not subject to deductible, if your plan has a deductible.</i> | No charge | 20% coinsurance after deductible is met |
| Doctor Home and Office Services Primary Care Visit to treat an injury or illness <i>When Allergy injections are billed separately by network providers, the member is not responsible for a copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i> | \$15 copay per visit deductible does not apply | 20% coinsurance after deductible is met |

Your summary of benefits

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|--|---|---|
| <p>Specialist Care Visit <i>When Allergy injections are billed separately by network providers, the member is not responsible for a copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i></p> | \$20 copay per visit deductible does not apply | 20% coinsurance after deductible is met |
| <p>Prenatal and Post-natal Care <i>In-Network preventive prenatal services are covered at 100%.</i></p> | \$15 copay per pregnancy for the first visits and then 0% coinsurance after deductible is met | 20% coinsurance after deductible is met |
| <p>Other Practitioner Visits:</p> <p>Retail Health Clinic</p> <p>Preferred On-line Visit <i>Includes Mental/Behavioral Health and Substance Abuse</i></p> <p>Other Participating Provider On-line Visit <i>Includes Mental/Behavioral Health and Substance Abuse</i></p> <p>Manipulation Therapy <i>Coverage is limited to 12 visits per benefit period. Limit is combined In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.</i></p> | <p>\$15 copay per visit deductible does not apply</p> <p>\$15 copay per visit deductible does not apply</p> <p>\$15 copay per visit deductible does not apply</p> <p>\$20 copay per visit deductible does not apply</p> | <p>20% coinsurance after deductible is met</p> |
| <p>Other Services in an Office:</p> <p>Allergy Testing</p> <p>Chemo/Radiation Therapy Performed by a Primary Care Physician</p> <p>Chemo/Radiation Therapy Performed by a Specialist</p> | <p>0% coinsurance after deductible is met</p> <p>\$15 copay per visit deductible does not apply</p> <p>\$20 copay per visit deductible does not apply</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> |

Your summary of benefits

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|--|--|---|
| Dialysis/Hemodialysis | No charge | 20% coinsurance after deductible is met |
| Prescription Drugs <i>For the drugs itself dispensed in the office through infusion/injection.</i> | No charge | 20% coinsurance after deductible is met |
| Diagnostic Services | | |
| Lab: | | |
| Office | No charge | 20% coinsurance after deductible is met |
| Outpatient Hospital | 0% coinsurance after deductible is met | 20% coinsurance after deductible is met |
| X-Ray: | | |
| Office <i>Diagnostic X-Ray in an office including Non-maternity Ultrasounds are covered at no charge.</i> | No charge | 20% coinsurance after deductible is met |
| Outpatient Hospital | 0% coinsurance after deductible is met | 20% coinsurance after deductible is met |
| Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans): | | |
| Office | 0% coinsurance after deductible is met | 20% coinsurance after deductible is met |
| Outpatient Hospital | 0% coinsurance after deductible is met | 20% coinsurance after deductible is met |

Your summary of benefits

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|---|---|---|
| Emergency and Urgent Care Urgent Care (Office Setting) <i>Member cost share for Allergy injections billed separately has no copay. If billed with an Urgent Care Facility charge, it will be covered under the UC copayment, there is no additional cost to the member for the injection.</i> | \$35 copay per visit deductible does not apply | 20% coinsurance after deductible is met |
| Urgent care(Facility Setting) Urgent Care: Facility fees | No charge | 20% coinsurance after deductible is met |
| Urgent Care: Doctor and other services | No charge | 20% coinsurance after deductible is met |
| Emergency Room Facility Services <i>Copay waived if admitted.</i> | \$150 copay per visit deductible does not apply | Covered as In-Network |
| Emergency Room Doctor and Other Services | No charge | Covered as In-Network |
| Ambulance (Air, Ground, and Water) | 0% coinsurance after deductible is met | Covered as In-Network |
| Outpatient Mental/Behavioral Health and Substance Abuse Doctor Office Visit | \$15 copay per visit deductible does not apply | 20% coinsurance after deductible is met |
| Facility visit: Facility Fees | 0% coinsurance after deductible is met | 20% coinsurance after deductible is met |
| Doctor Services | 0% coinsurance after deductible is met | 20% coinsurance after deductible is met |

Your summary of benefits

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|---|--|--|
| <p>Outpatient Surgery</p> <p>Facility Fees: Hospital</p> <p>Doctor and Other Services: Hospital</p> | <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> | <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> |
| <p>Hospital Stay (all inpatient stays including Maternity, Mental / Behavioral Health, and Substance Abuse)</p> <p>Facility fees (for example, room & board) <i>Coverage for Inpatient physical medicine and rehabilitation including day rehabilitation programs is limited to 60 days combined per benefit period. Limit is combined In-Network and Non-Network. Benefit includes coverage for Outpatient Rehabilitation program.</i></p> <p>Human Organ and Tissue Transplants <i>Acquisition and transplant procedures, collection and storage. 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>20% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> |

Your summary of benefits

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|--|---|---|
| <p>Recovery & Rehabilitation</p> <p>Home Health Care <i>Coverage is limited to 100 visits per benefit period. Limit is combined In-Network and Non-Network. Limit does not apply to separate Physical or Occupational Therapy limits, when performed as part of Home Health.</i></p> <p>Private Duty Nursing <i>Coverage is limited to 82 visits per Calendar Year. Limit is combined In-Network and Non-Network</i></p> | <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> | <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> |
| <p>Rehabilitation services (for example, physical/speech/occupational therapy):</p> <p>Office <i>Limit is combined for rehabilitative and habilitative services. Coverage for Occupational Therapy is limited to 30 visits per benefit period, Physical Therapy is limited to 30 visits per benefit period and Speech Therapy is limited to 20 visits per benefit period. Limit is combined for In-Network and Non-Network. Limit is combined across professional visits and outpatient facilities. Benefits for Autism Spectrum Disorders for members up to age 14 includes an additional 20 visits for speech and language therapies, 20 visits for occupational therapy, and a limit of 20 hours per week for Clinical Therapeutic Intervention services..</i></p> <p>Outpatient Hospital <i>Limit is combined for rehabilitative and habilitative services. Coverage for Occupational Therapy is limited to 30 visits per benefit period, Physical Therapy is limited to 30 visits per benefit period and Speech Therapy is limited to 20 visits per benefit period. Limit is combined for In-Network and Non-Network. Limit is combined across professional visits and outpatient facilities. Benefits for Autism Spectrum Disorders for members up to age 14 includes an additional 20 visits for speech and language therapies, 20 visits for occupational therapy, and a limit of 20 hours per week for Clinical Therapeutic Intervention services.</i></p> | <p>\$20 copay per visit deductible does not apply</p> <p>0% coinsurance after deductible is met</p> | <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> |
| | | |

Your summary of benefits

| Covered Medical Benefits | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|---|---|---|
| <p>Cardiac rehabilitation</p> <p>Office <i>Coverage is unlimited visits per benefit period. Limit is combined In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.</i></p> <p>Outpatient Hospital <i>Coverage is unlimited visits per benefit period. Limit is combined In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.</i></p> | <p>\$20 copay per visit deductible does not apply</p> <p>0% coinsurance after deductible is met</p> | <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> |
| <p>Pulmonary rehabilitation</p> <p>Office <i>Coverage is unlimited visits per benefit period. Limit is combined In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.</i></p> <p>Outpatient Hospital <i>Coverage is unlimited visits per benefit period. Limit is combined In-Network and Non-Network. Visit limits are combined both across outpatient and other professional visits.</i></p> | <p>\$20 copay per visit deductible does not apply</p> <p>0% coinsurance after deductible is met</p> | <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> |
| <p>Skilled Nursing Care (in a facility) <i>Coverage is limited to 180 days per benefit period. Limit is combined In-Network and Non-Network.</i></p> | <p>0% coinsurance after deductible is met</p> | <p>20% coinsurance after deductible is met</p> |
| <p>Hospice</p> | <p>No charge</p> | <p>No charge</p> |
| <p>Durable Medical Equipment</p> | <p>0% coinsurance after deductible is met</p> | <p>20% coinsurance after deductible is met</p> |
| <p>Prosthetic Devices <i>Coverage for wigs needed after cancer treatment is limited to 1 item per benefit period. Coverage for scalp hair prosthetics and wigs after cancer treatment is limited to 1 item per benefit period. Limit is combined In-Network and Non-Network.</i></p> | <p>0% coinsurance after deductible is met</p> | <p>20% coinsurance after deductible is met</p> |

Your summary of benefits

| Covered Prescription Drug Benefits | Cost if you use a Preferred Network Provider | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|--|---|---|--|
| Pharmacy Deductible | Not applicable | Not applicable | Not applicable |
| Pharmacy Out of Pocket | Combined with In-Network medical out of pocket maximum | Combined with In-Network medical out of pocket maximum | Combined with Non-Network medical out of pocket maximum |
| Prescription Drug Coverage <i>Rx Tiered Choice Network</i> Anthem National Drug List This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies. | Level 1 | Level 2 | |
| Tier 1 - Typically Generic Covers up to a 30-day supply (retail pharmacy). Covers up to a 90-day supply (home delivery program). Covers up to 90-day supply (retail maintenance pharmacy). | \$15 copay per prescription, deductible does not apply (retail) and \$30 copay per prescription, deductible does not apply (home delivery) | \$25 copay per prescription, deductible does not apply (retail) and Not covered (home delivery) | 50% coinsurance, \$60 minimum copayment (retail) and Not covered (home delivery) |
| Tier 2 – Typically Preferred Brand Covers up to a 30-day supply (retail pharmacy). Covers up to a 90-day supply (home delivery program). Covers up to 90-day supply (retail maintenance pharmacy). | \$30 copay per prescription, deductible does not apply (retail) and \$60 copay per prescription, deductible does not apply (home delivery) | \$40 copay per prescription, deductible does not apply (retail) and Not covered (home delivery) | 50% coinsurance, \$60 minimum copayment (retail) and Not covered (home delivery) |
| Tier 3 - Typically Non-Preferred Brand Covers up to a 30-day supply (retail pharmacy). Covers up to a 90-day supply (home delivery program). Covers up to 90-day supply (retail maintenance pharmacy). | \$60 copay per prescription, deductible does not apply (retail) and \$120 copay per prescription, deductible does not apply (home delivery) | \$70 copay per prescription, deductible does not apply (retail) and Not covered (home delivery) | 50% coinsurance, \$60 minimum copayment (retail) and Not covered (home delivery) |

Your summary of benefits

| Covered Prescription Drug Benefits | Cost if you use a Preferred Network Provider | Cost if you use an In-Network Provider | Cost if you use a Non-Network Provider |
|--|---|---|---|
| <p>Tier 4 - Typically Specialty (brand and generic) <i>Covers up to a 30-day supply (retail pharmacy).</i> <i>Covers up to a 30-day supply (home delivery program).</i></p> | <p>25% coinsurance up to \$250 per prescription, deductible does not apply (retail and home delivery)</p> | <p>25% coinsurance up to \$250 per prescription, deductible does not apply (retail) and Not covered (home delivery)</p> | <p>50% coinsurance, \$60 minimum copayment (retail) and Not covered (home delivery)</p> |

Your summary of benefits

Notes:

- The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.
- Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent age: to end of the month in which the child attains age 26.
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- Certain diabetic and asthmatic supplies are available at Network pharmacies, diabetic test strips paid same as any other drug.
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.
- Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).
- If office visit is a coinsurance, the coinsurance also applies to allergy injections.
- No Copayment or Coinsurance applies to certain diabetic and asthmatic supplies when you get them from an In-Network Pharmacy. These supplies are covered as Medical Supplies and Durable Medical Equipment if you get them from an Out-of-Network Pharmacy. Diabetic test strips are covered subject to applicable Prescription Drug Copayment / Coinsurance. Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.
- Hospital stay for Maternity Coverage will not be limited to less than 48 hours for a vaginal delivery or 96 hours for a caesarean section.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, geriatrics or any other Network provider as allowed by the plan.
- Urgent Care Facility Copay exclude certain diagnostic test such as MRAs, MRIs, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds, Allergy Testing, and Pharmaceutical injection and drugs.
- Benefit Period: Calendar Year
- A Specialist copayment is applicable to care provided by Specialists, excluding General Physicians, Internist, Pediatricians, OB/GYNs and Geriatrics or other Network Provider as allowed by Plan.
- Benefit limits for speech and language therapy and occupational therapy for the treatment of autism are in addition to the separate listed occupational and speech therapy benefit limits. Behavioral analysis provided by or under the supervision of a professional who is licensed, certified, or registered by an appropriate agency of

Your summary of benefits

the state of Ohio to perform the services in accordance with a treatment plan is limited to 20 hours per week for members up to age 14.

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

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) 639-1634

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) 639-1634.

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) 639-1634:

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) 639-1634。

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) 639-1634 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) 639-1634.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nempòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (833) 639-1634.

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) 639-1634.

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) 639-1634 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) 639-1634로 문의하십시오.

Navajo (Diné): Dii naaltsoos biká'ígíí lahgo bina'idiikidgo ná bohónéedzą dóó bee ahóót'i' t'áá ni nizaad k'ehjí bee nił hodoonih t'áadoo bááh ilnígóó. Ata' halne'ígíí la' bich'í' hadeesdzih ninizingo kojí' hodiilnih (833) 639-1634.

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) 639-1634.

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) 639-1634 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) 639-1634.

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) 639-1634.

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) 639-1634.

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) 639-1634.

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>.



Dental Blue 100/200/300

WELCOME TO DENTAL BLUE!

Good news—your Dental plan is flexible and easy to use. This benefit summary outlines the basic components of your plan, including quick answers about what's covered and much more!

Group Name City of Youngstown
Effective Date: 03/01/2020

Dental coverage you can count on.

Dental Blue lets you visit any dentist or specialist you want—with lower costs when you choose one within our extensive national network. To find a provider, simply log on to anthem.com.

We're here to help.

If you need help anywhere along the way, you can call the number on the back of your ID card, which is answered by a live, domestic customer service representative. Calling after-hours? We can still assist you with our interactive voice-response hotline.

YOUR DENTAL BLUE PLAN AT-A-GLANCE

Annual Deductible

Individual/Family

Combined In and Out of Network

\$ 50 Individual / \$ 150 Family

Annual Maximum

\$ 1,000

Maximum Carryover Provision

Included

Out of Network Reimbursement

70th Percentile

| Services | PPO Dentists (In-network) | Non-PPO (Out-of-network) |
|--|--|--|
| Diagnostic and preventive <ul style="list-style-type: none"> Oral evaluations, x-rays, Cleanings Sealants and fluoride, Space maintainers | NCS/No deductible | NCS/No deductible |
| Minor restorative <ul style="list-style-type: none"> Emergency palliative pain treatment Amalgam restorations (fillings), Composite restoration (fillings) Sedative fillings | 20% after deductible | 20% after deductible |
| Oral surgery <ul style="list-style-type: none"> Simple extractions, Removal of impacted teeth, General anesthesia | 20% after deductible | 20% after deductible |
| Endodontic services <ul style="list-style-type: none"> Root Canal Therapy, Therapeutic pulpotomy, Direct pulp capping | 20% after deductible | 20% after deductible |
| Periodontal services <ul style="list-style-type: none"> Scaling and root planing, Gingivectomy, Osseous surgery, Soft tissue grafts | 20% after deductible | 20% after deductible |
| Prosthetic Services <ul style="list-style-type: none"> Crowns, Removable complete and partial dentures Bridge repair Implants Missing Teeth | 50% after deductible Covered Covered | 50% after deductible Covered Covered |
| Orthodontic Services <ul style="list-style-type: none"> Examinations, Records Tooth guidance, Repositioning (straightening) of the teeth | 40%/No deductible | 40%/No deductible |
| Orthodontic Maximum | \$1,000 | |
| Orthodontic Age Limit | Child to Age 19 | |

No Cost Share (NCS) means no deductible, copayment or coinsurance up to the maximum allowable amount. However, a member may be responsible for any balance due after the plan payment, including, but not limited to, benefits that reflect No Cost Share.

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 and Blue Shield of Wisconsin ("BCBSWI") underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare") underwrites or administers the HMO policies; and CompCare and BCBSWI collectively underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association.

International emergency dental program. If you need emergency dental care while traveling internationally, call our international service center right away. Our English speaking customer service representatives can help you find a dentist. And they can even assist with translation services when contacting the dentist's office.

Extra support for pregnant and diabetic members. To help proactively manage these conditions, our pregnant and diabetic members may be eligible for additional dental benefits. If you have diabetes or are pregnant, please contact our customer service department to determine if you qualify and to learn more about this important program.

Limitations & Exclusions

This is not a contract. It is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms, and provisions of the dental Certificate.

Limitations — Below is a partial listing of some of the limitations. Please see Certificate for full list:

- **Oral Evaluations.** Limited to two per year.
- **Prophylaxis or Periodontal Maintenance Procedure.** Limited to two treatments per year, singly or in combination.
- **Fluoride treatments.** Limited to two per year for children up to age 19.
- **X-rays.** Limited to one set of full-mouth x-rays or its equivalent once every five years. Periapical x-rays are limited to 4 films per year.
- **Bitewing X-rays.** Limited to one set of up to 4 films twice per year to age 19 and once per year thereafter.
- **Sealants.** Limited to children under 16 years of age for permanent unrestored first and second molars. Treatment is limited to two applications per tooth per lifetime.
- **Space Maintainers.** Limited to once per quadrant per lifetime for children up to age 16. Includes all adjustments within six months of placement.
- **Palliative Emergency Treatment.** Limited to twice per year.
- **Sedative Filling.** Limited to once per tooth in any 24-month period.
- **Amalgam or Composite Resin Restorations (fillings).** Limited to once per surface per tooth every 24 months.
- **Periodontal Scaling and Root Planing.** Limited to once per quadrant every 24 months.
- **Periodontal Surgery.** Limited to once per quadrant in any three years.
- **Crown Lengthening.** Limited to once per tooth per lifetime.
- **Root Canal Therapy.** Root canal therapy limited to one initial treatment per tooth and one retreatment per tooth – for permanent teeth only.
- **General Anesthesia.** Covered only when used in conjunction with covered oral surgical procedures.

Exclusions — Below is a partial listing of non-covered services. Please see Certificate for full list:

- Experimental or investigative procedures
- Cosmetic dentistry
- Procedures requiring appliances or restorations to alter, restore or maintain occlusion
- Harmful habit appliances
- Charges for lost or stolen dentures or appliances or for a duplicate prosthetic device or appliance
- Prescribed drugs, pre-medication or analgesia (includes nitrous oxide)
- Charges for the extraction of immature erupting third molars and nonpathologic, asymptomatic third molars
- Malignancies and neoplasms and the removal of tumors, cysts, and foreign bodies
- Charges for tobacco counseling, oral hygiene instruction, dietary planning or behavior management
- Treatment for temporomandibular joint disorder (TMJ)
- Occlusal guards, adjustments
- Hospital costs
- Replacement of teeth missing prior to coverage under this Plan
- Services or treatments that are not medically necessary
- Charges for missed or cancelled appointments
- Prosthodontic services unless specifically included under Covered Services
- Orthodontic services unless specifically included under Covered Services

Note: The Certificate of Coverage may contain variations by state due to specific state regulatory requirements.

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 and Blue Shield of Wisconsin ("BCBSWI") underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation ("CompCare") underwrites or administers the HMO policies; and CompCare and BCBSWI collectively underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association.

Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at anthem.com, or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at 1-866-723-0515.

Out-of-Network – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

| YOUR BLUE VIEW VISION PLAN BENEFITS | IN-NETWORK | OUT-OF-NETWORK | FREQUENCY |
|--|---|--|---------------------------------|
| Routine Eye Exam | | | |
| A comprehensive eye examination | \$10 copay | Up to \$42 reimbursement | Once every calendar year |
| Eyeglass Frames | | | |
| One pair of eyeglass frames | \$130 allowance, then 20% off any remaining balance | Up to \$45 reimbursement | Once every two calendar years |
| Eyeglass Lenses (<i>instead of contact lenses</i>) | | | |
| One pair of standard plastic prescription lenses: | | | |
| <ul style="list-style-type: none"> • Single vision lenses • Bifocal lenses • Trifocal lenses | \$20 copay \$20 copay \$20 copay | Up to \$40 reimbursement Up to \$60 reimbursement Up to \$80 reimbursement | Once every calendar year |
| Eyeglass Lens Enhancements | | | |
| When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost. | | | |
| <ul style="list-style-type: none"> • Transitions Lenses (for a child under age 19) • Standard polycarbonate (for a child under age 19) • Factory scratch coating | \$0 copay \$0 copay \$0 copay | No allowance when obtained out-of-network | Same as covered eyeglass lenses |
| Contact Lenses (<i>instead of eyeglass lenses</i>) | | | |
| Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period. | | | |
| <ul style="list-style-type: none"> • Elective conventional (non-disposable) OR | \$130 allowance, then 15% off any remaining balance | Up to \$105 reimbursement | Once every calendar year |
| <ul style="list-style-type: none"> • Elective disposable OR | \$130 allowance (<i>no additional discount</i>) | Up to \$105 reimbursement | |
| <ul style="list-style-type: none"> • Non-elective (medically necessary) | Covered in full | Up to \$210 reimbursement | |

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Plano sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Orthoptics. Orthoptics or vision training and any associated supplemental testing.

| OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY | | In-network Member Cost (after any applicable copay) |
|---|--|--|
| Retinal Imaging - at member's option can be performed at time of eye exam | | Not more than \$39 |
| Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies. | <ul style="list-style-type: none"> ● Transitions lenses (Adults) \$75 ● Standard Polycarbonate (Adults) \$40 ● Tint (Solid and Gradient) \$15 ● UV Coating \$15 ● Progressive Lenses¹ <ul style="list-style-type: none"> ● Standard \$65 ● Premium Tier 1 \$85 ● Premium Tier 2 \$95 ● Premium Tier 3 \$110 ● Anti-Reflective Coating² <ul style="list-style-type: none"> ● Standard \$45 ● Premium Tier 1 \$57 ● Premium Tier 2 \$68 ● Other Add-ons 20% off retail price | |
| Additional Pairs of Eyeglasses Any time from any Blue View Vision network provider. | <ul style="list-style-type: none"> ● Complete Pair 40% off retail price ● Eyeglass materials purchased separately 20% off retail price | |
| Eyewear Accessories | <ul style="list-style-type: none"> ● Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 20% off retail price | |
| Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed. | <ul style="list-style-type: none"> ● Standard contact lens fitting³ Up to \$55 ● Premium contact lens fitting⁴ 10% off retail price | |
| Conventional Contact Lenses | <ul style="list-style-type: none"> ● Discount applies to materials only 15% off retail price | |

¹ Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

² Please ask your provider for his/her recommendation as well as the available coating brands by tier.

³ Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

⁴ Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Discounts are subject to change without notice. Discounts are not 'covered benefits' under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where state law prevents discounting of products and services that are not covered benefits under the plan. Discounts on frames will not apply if the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Some of our in-network providers include:



LENSCRAFTERS



Online stores:



glasses.com

contactsdirect.com

1800contacts.com

lenscrafters.com

targetoptical.com

ray-ban.com/insurance

ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM *

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just log in at anthem.com, select discounts, then Vision, Hearing & Dental.

* Discounts cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at anthem.com, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at 1-866-723-0515 to request a claim form.

To Fax: 866-293-7373

To Email: oonclaims@eyewearspecialoffers.com

To Mail: Blue View Vision

Attn: OON Claims P.O. Box 8504 Mason, OH 45040-7111

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Anthem Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Company (WCIC). CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association. Blue View Vision FS 2017



When was your last checkup?



Regular well checks can help you get and stay healthy

Checkups, or preventive exams, give you and your doctor a snapshot of your health. They also give you a chance to talk to your doctor about any problems or questions you have.

What to expect

Most checkups start with a talk about your health history and any problems. After that, most doctors will talk to you about things like:¹

- Medicines you take
- How you eat — and how you could eat better
- How active you are — and whether you should be more active
- Stress in your life, or signs of depression
- Drinking, smoking and drug use
- Safety, like wearing your seat belt and using sunscreen
- Your sexual habits and any risks they pose
- Tests and vaccines you may need



Need a doctor?

Go to [anthem.com/member-needs](https://www.anthem.com/member-needs) for a link to the **Find a Doctor** tool.



Get more from your exam

It will help both you and your doctor if you make some notes about your health ahead of time. Before your visit, write down:¹

- Your health history and your family's, especially if anything has changed since your last visit
- Any medicines you take, how much you take and how often (don't forget vitamins and over-the-counter drugs)
- Concerns you have about your health
- Any problems you're having or changes you've noticed



Sources

¹ Centers for Disease Control and Prevention website: Check-Up Checklist: Things to Do Before Your Next Check-Up (accessed September 2017): [cdc.gov/family/checkuplist](https://www.cdc.gov/family/checkuplist).

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Preventive or diagnostic care?

- **Preventive care.** Some tests and exams can help catch problems early on or keep them from starting, and even save your life. These are called “preventive care” because they can help prevent some health problems.
- **Diagnostic care.** Diagnostic tests are for when someone has symptoms of a health problem, and the doctor wants to find out why. Diagnostic tests help diagnose a health problem.

It's important to know the difference. For example, your doctor might want you to get a colonoscopy (a test that checks your colon). If it's because of your age, or because your family has a history of colon problems, it's preventive care. But if it's because you're having pain or other symptoms of a problem, it's diagnostic care.

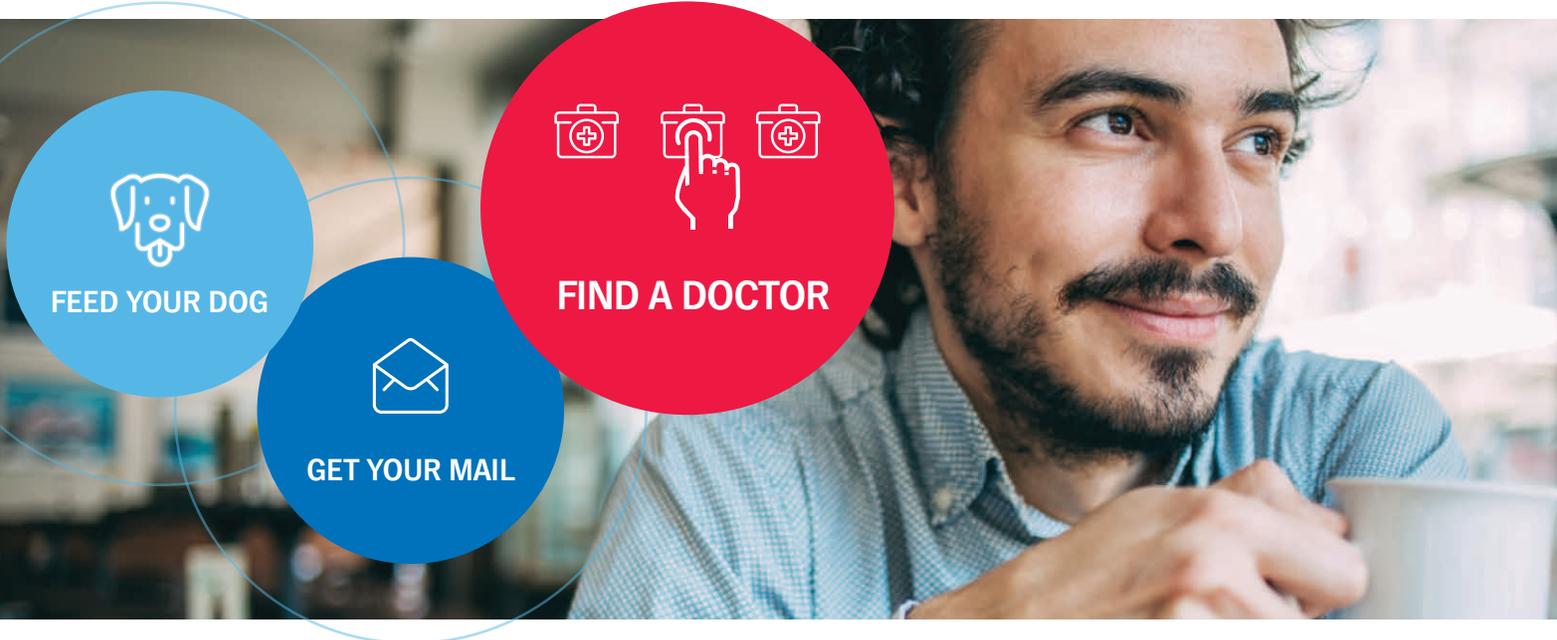


Helpful resources

Visit [anthem.com/preventive-care](https://www.anthem.com/preventive-care) to find out the preventive care guidelines for your age and gender.



WHAT CAN YOU DO IN A MINUTE?



HERE'S HOW

1 If you're already a member:

- Go to [anthem.com/find-doctor](https://www.anthem.com/find-doctor).
- Log in or use your Member ID card under Search as a Member.
- Once you're logged in, the search will automatically include doctors and other providers in your plan.
- Enter the search categories based on what you need and hit **Search**.
- Your search results will appear.

If you're not yet a member:

- Go to [anthem.com/find-doctor](https://www.anthem.com/find-doctor).
- Scroll down to Search as a Guest and choose **Continue**.
- Select the best answers from each drop-down menu and hit **Continue**.
- Your search results will appear.

2 When you select a doctor (or other provider) in your results list, you'll find out more about:

- Training
- Languages spoken
- Phone number
- Satisfaction and quality information
- Specialties
- Address and map



NOT AT HOME? GO MOBILE!

Anthem makes it easy for you to find a doctor, hospital and more on your mobile device. Just download our free Sydney app from the App Store® or Google Play™.

**SIMPLE SOLUTIONS
THAT MAKE HEALTH
CARE EASIER ...
SO YOU CAN SAVE TIME
AND MONEY.**

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LiveHealth Online

Sign up today — so you're ready for a video visit when you need it



Using LiveHealth Online, you can have a private and secure video visit with a board-certified doctor or licensed therapist on your smartphone, tablet or computer with a webcam. It's an easy way to get the care you need at home or on the go.

When your own doctor isn't available, use LiveHealth Online 24/7 if you have pinkeye, a cold, the flu, a fever, allergies, a sinus infection or other common health condition. A doctor can assess your condition, provide a treatment plan and even send a prescription to your pharmacy, if it's needed.¹

How to get started

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

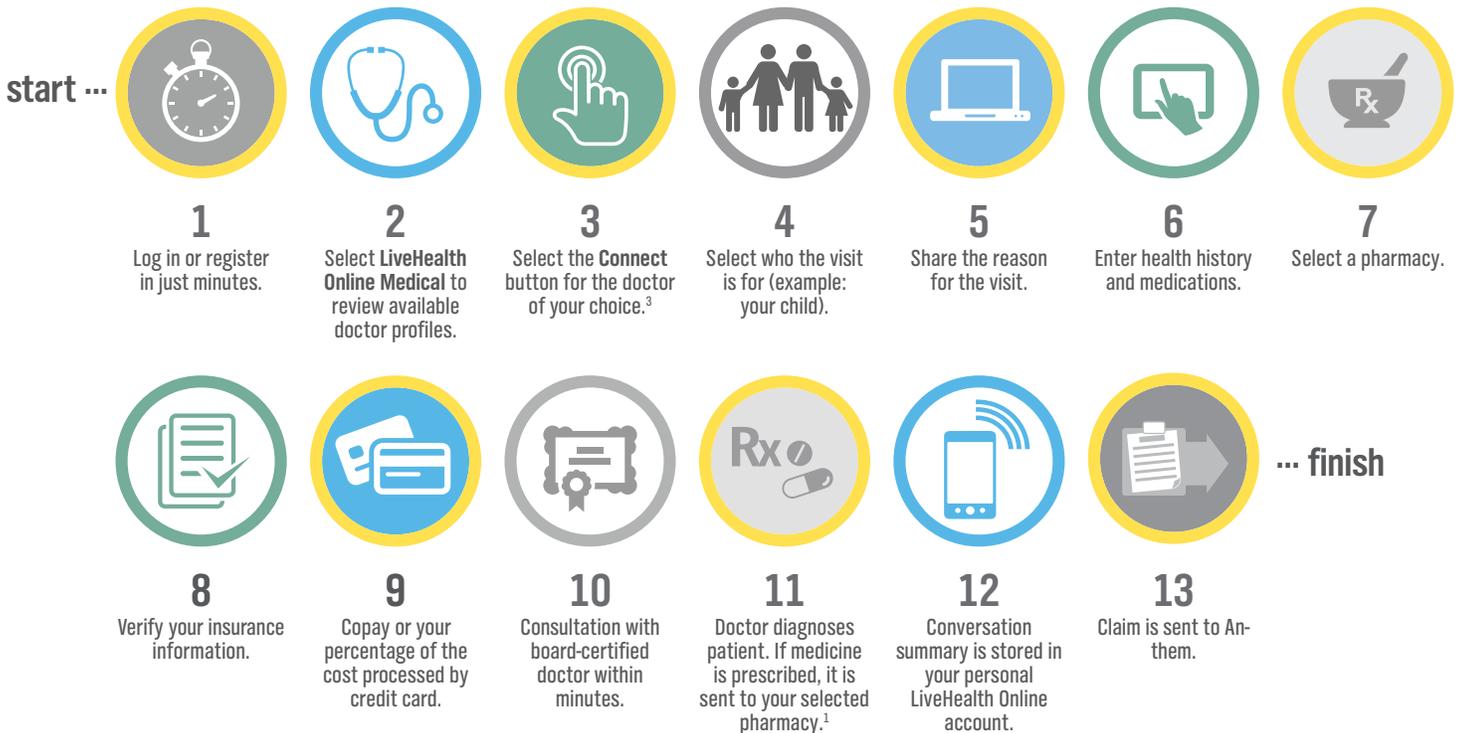
1. Choose **Sign Up** to create your LiveHealth Online account. Then enter information like your name, email address, date of birth and create a secure password.
2. Read the *Terms of Use* and check the box to agree.
3. Choose your location in the drop-down box of states.
4. Enter your birth date and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



Your account securely stores your personal and health information

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

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



The steps to set up an appointment with a therapist using **LiveHealth Online Psychology** are very similar to seeing a doctor. You need to select **LiveHealth Online Psychology** to see available therapists and schedule an appointment.

Questions about how to use LiveHealth Online?

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

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

² Appointments subject to availability of a therapist.

³ Select a doctor licensed to practice in the state where you're physically located. If that doctor is seeing another patient, you can choose to go to an online waiting room or you can select another doctor who is available at that moment.

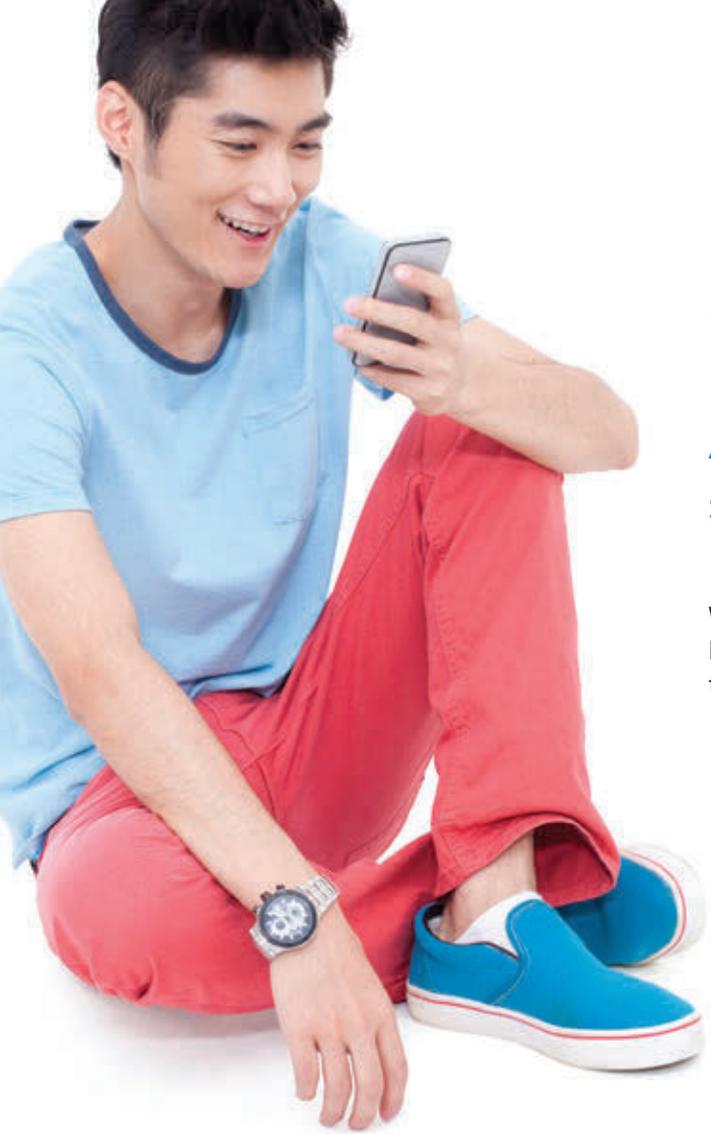
LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem.

Psychologists or therapists using LiveHealth Online cannot prescribe medications.

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

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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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.

Smart

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

Personal

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

With just one click, you can:

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

Already using one of our apps?

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

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

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

Getting set up for home delivery is easy:



Go online to get started.

Go to [anthem.com](https://www.anthem.com), log in and choose **Pharmacy**. On your personal pharmacy page, select **View Your Prescriptions** under *Switch to a 90-Day Supply*.

For the drugs you want to switch to home delivery, choose **Switch to a 90-day Supply** and then **Select Prescriber**. You can also add or update your shipping address, shipping options and payment method on this page.



Pay for your prescription.

We make it easy. You can pay by credit or debit card, flexible spending account, health savings account or electronic funds transfer (EFT).

To set up your payments, select **Complete your Profile and Communication Preferences** from your personal pharmacy page, then **Change Payment Method** to choose how you'd like to pay, sign up to pay online or add/update your credit card on file.

Need help?

Call the home delivery pharmacy at 1-833-236-6196 and we'll get you started.



Send in your prescription.

If you prefer to mail in your order, complete the *Home Delivery Order Form* found in the forms library on anthem.com, and submit it to the address shown. Be sure to include your prescription information and payment.

You may also want to ask your doctor for a 30-day prescription, which you can get filled at your regular pharmacy to make sure you have enough medicine to last until you get your first home delivery prescription.

A few important things to know

- If your doctor prescribes a brand-name drug, your pharmacy plan may require the home delivery pharmacy to send a generic version instead.
- All prescriptions and refills, including those sent by your doctor, will be filled as soon as the home delivery pharmacy gets them.
- In most cases, your first order will arrive within two weeks. After that, the orders will arrive within one week.
- If you need your medicine sooner, you can call the home delivery pharmacy and ask for overnight delivery. You'll be charged extra for the faster shipping.
- Your orders will be delivered by the U.S. Postal Service, UPS or FedEx.
- With some drugs, you may need to sign to accept delivery.²



¹ Supplies vary based on your pharmacy plan design.

² Drugs that are defined as controlled substances are highly regulated, which requires the home delivery pharmacy to follow special rules for filling these prescriptions.

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| | |
|--|--|
| | <p>Mail this form to:</p> <p style="text-align: center;">  IngenioRx Home Delivery PO BOX 94467 PALATINE, IL 60094-4467 </p> |
| Member ID # (if not shown or if different from above) <input style="width: 100%; height: 20px;" type="text"/> | |
| Prescription Plan Sponsor or Company Name <input style="width: 100%; height: 20px;" type="text"/> | |

Instructions:

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

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

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

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

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

| | | | |
|--|--|---|--|
| Last Name <input style="width: 100%; height: 20px;" type="text"/> | First Name <input style="width: 100%; height: 20px;" type="text"/> | MI <input style="width: 20px; height: 20px;" type="text"/> | Suffix (JR, SR) <input style="width: 40px; height: 20px;" type="text"/> |
| Street Address <input style="width: 100%; height: 20px;" type="text"/> | Apt./Suite # <input style="width: 40px; height: 20px;" type="text"/> | <input type="radio"/> Use shipping address for this order only. | |
| City <input style="width: 100%; height: 20px;" type="text"/> | State <input style="width: 20px; height: 20px;" type="text"/> | ZIP Code <input style="width: 40px; height: 20px;" type="text"/> - <input style="width: 40px; height: 20px;" type="text"/> | |
| Daytime Phone #: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | Evening Phone #: <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; height: 20px;" type="text"/> | | |

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

| | | | |
|----------|----------|----------|----------|
| 1) _____ | 2) _____ | 3) _____ | 4) _____ |
| 5) _____ | 6) _____ | 7) _____ | 8) _____ |

Log in to check order status and access personalized information about your prescription benefits. When getting a new prescription, be sure to ask your doctor to write it for the maximum amount allowed by your plan, usually a 90-day supply. Make sure your doctor SIGNS and DATES all new prescriptions. We want to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions, including drug names, in the "Special Instructions" section of this form.

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



Please fold here →

Please fold here →

Please fold here →

Please fold here →

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

First person with a refill or new prescription.

Spanish forms and labels

LAST NAME

FIRST NAME

M

Suffix (JR,SR)

NICKNAME

Gender: M F

Date of birth: MM-DD-YYYY

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

Doctor's last name

Doctor's first name

Doctor's phone #

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

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

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

Second person with a refill or new prescription.

Spanish forms and labels

LAST NAME

FIRST NAME

M

Suffix (JR,SR)

NICKNAME

Gender: M F

Date of birth: MM-DD-YYYY

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

Doctor's last name

Doctor's first name

Doctor's phone #

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

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

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

D Special instructions: _____

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

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

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

Use your card on file.

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

CARD NUMBER

Exp. Date MMY Y

Check or money order. Amount: \$ _____ . _____

- Make check/money order out to IngenioRx Home Delivery.
- Write your prescription benefit ID number on your check or money order.
- If your check is returned, we will charge you up to \$40.

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

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

Credit card holder signature/Date

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

If you want faster delivery, choose:

2nd business day (\$17)

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

Next business day (\$23)

Expected processing time from receipt of this form:

- Refills: 1-2 days
- New/renewed prescriptions: Within 5 days unless additional information is needed from your doctor (Charges subject to change)



Please fold here →

Please fold here →

Please fold here →

Please fold here →



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 how many ER visits are unnecessary? ERs aren't the best choice in every situation, especially when you can **save about \$1,100** by going somewhere else when it's not an emergency.^{1,2,3} And you won't have to wait as long.

Here's what to do when you need care fast



Step 1: Call your primary care doctor

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.



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](https://www.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.

If you're an HMO member, talk to your primary care doctor to understand your options for quick care. Your doctor can also help you find quick care centers in your plan.

When to head to the ER

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



Where to get care quickly³

| | Who usually provides care | Estimated average cost ² | When to go |
|---|--|--|--|
| Emergency Room  | Doctors trained in emergency medicine | For non-emergencies: 4 hours \$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 |
| Retail Health Clinic  | Physician assistants or nurse practitioners | 30 minutes \$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 |
| Walk-in Doctor's Office  | Family practice doctors | 30 minutes \$124 | Same as retail health clinic plus... <ul style="list-style-type: none"> Asthma (mild) Back pain Nausea or diarrhea Headache (minor) |
| Urgent Care Center  | Doctors who treat conditions that should be looked at right away | 30 minutes \$143 | Same as walk-in doctor's office plus... <ul style="list-style-type: none"> Animal bites Sprains and strains Stitches X-rays |
| LiveHealth Online  | Board-certified doctors | 10 minutes \$49 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 |



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.[™]

Watch this video on where to get care when you need it right away and how to save money.



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.
³ If you use the ER and it's not a true emergency, your claim could be denied and you may be responsible for the full cost of your ER care.

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

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Live life to the fullest – without paying full price



Save money with discounts at anthem.com

Saving money is good. Saving money on things that are good for you – that’s even better. With SpecialOffers, you can get discounts on products and services that help promote better health and well-being.* It’s just one of the perks of being 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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We're here for you – in many languages

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

Spanish

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

Chinese

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

Vietnamese

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

Korean

귀하는 자국어로 무료 지원을 받을 권리가 있습니다. ID 카드에 있는 멤버 서비스번호로 연락하십시오.

Tagalog

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

Russian

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

Armenian

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

Farsi

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

French

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

Arabic

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

Japanese

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

Haitian

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

Italian

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

Polish

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

Punjabi

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

TTY/TTD:711

It's important we treat you fairly

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



The legal stuff we're required to tell you

How we keep your information safe and secure

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

You also have certain rights and responsibilities when receiving your health care. To learn more about how we protect your privacy, your rights and responsibilities when receiving health care, and your rights under the Women's Health and Cancer Rights Act, go to [anthem.com/privacy](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 one [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 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.



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