

Choosing and using your plan

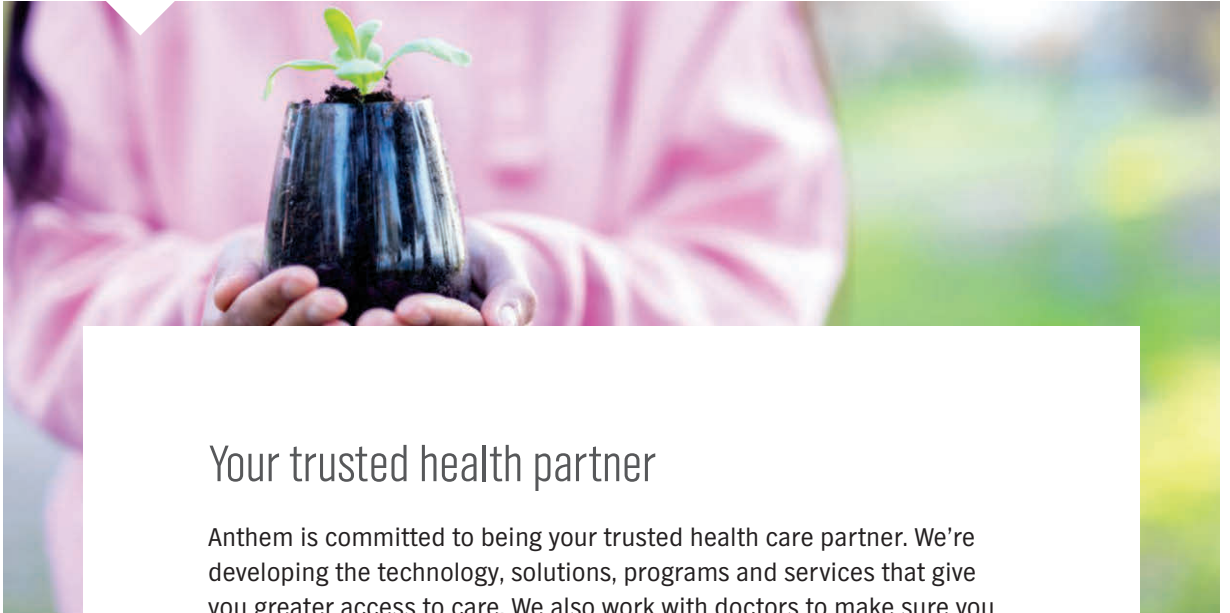
Your guide to open enrollment and
making the most of your benefits



Blue Access Plans
Andover Corporation
Effective December 1, 2020



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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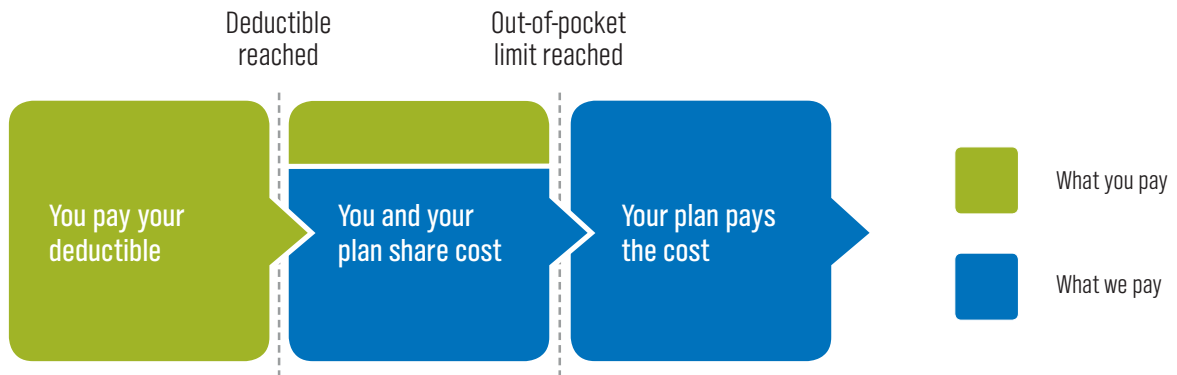


The basics explained

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>	



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. 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.
- 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 Care** tool on the **Sydney Health** mobile app or at **anthem.com** to search for doctors, hospitals, labs and other health care professionals.

Schedule a checkup

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

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

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



How to use your plan

See a doctor from home

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

Where to go for care when you need it now

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

But when you need nonemergency care right away:

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



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



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. 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**.

Anthem Health Guides – Highly trained Anthem associates are like personal support guides who can help you with all your health care needs. They can help you connect with the right resources, stay on top of the screenings and tests you need, find doctors, and more. Reach a health guide by calling the number on your member ID card. You also can go to **anthem.com** to send a secure email or chat with them online.

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

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

Want healthy advice?

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





Plan extras that support your health

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

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

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.

Anthem Shopper Programs — This is a great way to help you make decisions about expensive procedures. Here's how it works: if you qualify and are scheduled for one of the included procedures, like an MRI or CT scan, you'll hear from us about lower-cost alternative facilities in your area. We'll even help you make an appointment if you need it. The program is voluntary. You can go to any facility you want still, but this way you can make an informed choice.

*Source: AIM Specialty Health®, internal claims cost analysis.

Your summary of benefits

Anthem® BlueCross and BlueShield

Your Plan: Anthem Blue Access PPO Option 20 with Rx Option T5 with Get Strong

Your Network: Blue Access

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>	\$5,000 person / \$10,000 family	\$15,000 person / \$30,000 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>	\$7,350 person / \$14,700 family	\$22,050 person / \$44,100 family
Preventive care/screening/immunization <i>In-network preventive care is not subject to deductible, if your plan has a deductible.</i>	No charge	30% 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 responsible for a \$10 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i>	\$30 copay per visit deductible does not apply	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Specialist Care Visit <i>When Allergy injections are billed separately by network providers, the member is responsible for a \$10 copay. When billed as part of an office visit, there is no additional cost to the member for the injection.</i></p>	\$60 copay per visit deductible does not apply	30% coinsurance after deductible is met
<p>Prenatal and Post-natal Care <i>In-Network preventive prenatal services are covered at 100%.</i></p>	0% coinsurance after deductible is met	30% 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. Limit is combined across professional visits and outpatient facilities.</i></p>	<p>\$30 copay per visit deductible does not apply</p> <p>\$10 copay per visit deductible does not apply</p> <p>\$30 copay per visit deductible does not apply</p> <p>\$60 copay per visit deductible does not apply</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p>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>Dialysis/Hemodialysis</p>	<p>0% coinsurance after deductible is met</p> <p>\$30 copay per visit deductible does not apply</p> <p>\$60 copay per visit deductible does not apply</p> <p>\$60 copay per visit deductible does not apply</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Prescription Drugs <i>For the drugs itself dispensed in the office through infusion/injection.</i></p>	0% coinsurance after deductible is met	30% coinsurance after deductible is met
<p>Diagnostic Services</p> <p>Lab:</p> <p>Office</p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p>X-Ray:</p> <p>Office <i>Diagnostic X-Ray in an office including Non-maternity Ultrasounds are covered at no charge.</i></p> <p>Outpatient Hospital</p>	<p>No charge</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p>Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans):</p> <p>Office</p> <p>Outpatient Hospital</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p>Emergency and Urgent Care</p> <p>Urgent Care (Office Setting) <i>Member cost share for Allergy injections billed separately is \$10 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></p> <p>Urgent care(Facility Setting)</p>	<p>\$75 copay per visit deductible does not apply</p>	<p>30% 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>Urgent Care: Facility fees</p> <p>Urgent Care: Doctor and other services</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p>Emergency Room Facility Services <i>Copay waived if admitted.</i></p> <p>Emergency Room Doctor and Other Services</p>	<p>\$400 copay per visit and 0% coinsurance deductible does not apply</p> <p>0% coinsurance deductible does not apply</p>	<p>Covered as In-Network</p> <p>Covered as In-Network</p>
<p>Ambulance (Air, Ground, and Water) <i>Non-emergency non-network Ambulance Services are limited to \$50,000 per occurrence.</i></p>	<p>0% coinsurance after deductible is met</p>	<p>Covered as In-Network</p>
<p>Outpatient Mental/Behavioral Health and Substance Abuse</p> <p>Doctor Office Visit</p> <p>Facility visit:</p> <p> Facility Fees</p> <p> Doctor Services</p>	<p>\$30 copay per visit deductible does not apply</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>

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>30% coinsurance after deductible is met</p> <p>30% 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 Rehabilitation and Skilled Nursing services is limited to 150 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>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>

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. Limits are combined for home health care and private duty nursing.</i></p>	0% coinsurance after deductible is met	30% coinsurance after deductible is met
<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 20 visits per benefit period, Physical Therapy is limited to 20 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.</i></p> <p>Outpatient Hospital <i>Limit is combined for rehabilitative and habilitative services. Coverage for Occupational Therapy is limited to 20 visits per benefit period, Physical Therapy is limited to 20 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.</i></p>	<p>\$60 copay per visit deductible does not apply</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p>Cardiac rehabilitation</p> <p>Office <i>Coverage is limited to 36 visits per benefit period. Limit is combined In-Network and Non-Network. Limit is combined across professional visits and outpatient facilities.</i></p> <p>Outpatient Hospital <i>Coverage is limited to 36 visits per benefit period. Limit is combined In-Network and Non-Network. Limit is combined across professional visits and outpatient facilities.</i></p>	<p>\$60 copay per visit deductible does not apply</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p>Pulmonary rehabilitation</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>Office <i>Coverage is limited to 20 visits per benefit period. Limit is combined In-Network and Non-Network. Limit is combined across professional visits and outpatient facilities.</i></p> <p>Outpatient Hospital <i>Coverage is limited to 20 visits per benefit period. Limit is combined In-Network and Non-Network. Limit is combined across professional visits and outpatient facilities.</i></p>	<p>\$60 copay per visit deductible does not apply</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p>Skilled Nursing Care (in a facility) <i>Coverage for Inpatient rehabilitation and skilled nursing services is limited to 150 days combined per benefit period. Limit is combined In-Network and Non-Network. Benefit includes coverage for Outpatient Rehabilitation program.</i></p>	<p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p>Hospice</p>	<p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p>Durable Medical Equipment</p>	<p>50% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p>
<p>Prosthetic Devices <i>Coverage for 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>30% 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	\$250 person	\$250 person	\$250 person
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>Essential Drug List</i> <i>This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies.</i>			
Tier 1 - Typically Generic <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.</i>	\$15 copay per prescription, Pharmacy deductible does not apply (retail) and \$38 copay per prescription, Pharmacy deductible does not apply (home delivery)	\$25 copay per prescription, Pharmacy deductible does not apply (retail) and Not covered (home delivery)	50% coinsurance, Pharmacy deductible does not apply (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.</i>	\$50 copay per prescription after Pharmacy deductible is met (retail) and \$150 copay per prescription after Pharmacy deductible is met (home delivery)	\$60 copay per prescription after Pharmacy deductible is met (retail) and Not covered (home delivery)	50% coinsurance after Pharmacy deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program).</i>	\$90 copay per prescription after Pharmacy deductible is met	\$100 copay per prescription after Pharmacy deductible is met	50% coinsurance after Pharmacy deductible is met (retail) and Not

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><i>Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.</i></p>	<p>(retail) and \$270 copay per prescription after Pharmacy deductible is met (home delivery)</p>	<p>(retail) and Not covered (home delivery)</p>	<p>covered (home delivery)</p>
<p>Tier 4 - Typically Specialty (brand and generic) <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 30 day supply (home delivery program). No coverage for non-formulary drugs.</i></p>	<p>25% coinsurance up to \$350 per prescription after Pharmacy deductible is met (retail and home delivery)</p>	<p>25% coinsurance up to \$450 per prescription after Pharmacy deductible is met (retail) and Not covered (home delivery)</p>	<p>50% coinsurance after Pharmacy deductible is met (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 (HOTI) Services).
- No Copayment or Coinsurance applies to certain diabetic and asthmatic supplies when you get them from an In-Network Pharmacy. These supplies are covered as Medical Supplies and Durable Medical Equipment if you get them from an Out-of-Network Pharmacy. Diabetic test strips are covered subject to applicable Prescription Drug Copayment / Coinsurance. Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.
- DME - 50% coinsurance for network/non-network Durable Medical Equipment and Medical Supplies. Excludes Prosthetics, Orthotics, Diabetic Supplies, Asthmatic Supplies, and Mastectomy Prostheses which will apply the plan's cost share.
- Hospital stay for Maternity Coverage will not be limited to less than 48 hours for a vaginal delivery or 96 hours for a caesarean section.
- The Rx option includes the Essential formulary which is a closed drug list with a focus on therapeutic efficacy and cost effectiveness.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, 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, Allergy Testing, and Pharmaceutical injection and drugs.
- 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

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Questions: (833) 639-1634 or visit us at www.anthem.com

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Your summary of benefits

or under the supervision of a professional who is licensed, certified, or registered by an appropriate agency of 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.

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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。

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.

Language Access Services:

Navajo (Diné): Dii naaltsoos biká'ígíí lahgo bina'idiikidgo ná bohónéedzą dóó bee ahóót'i' t'áá ni nizaad k'ehj̄ bee nił hodoonih t'áadoo bą́ąh ilínígóó. Ata' halne'ígíí la' bich'í' hadeesdzih ninizingo koj̄' 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 ਦੁਭਾਸ਼ੀਏ 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>.

Choose an easier way to better health

Health and wellness programs designed for your unique needs

Whether you're suffering from asthma, expecting a baby or just fighting a cold, our health and wellness programs can help.



ConditionCare

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

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

Future Moms

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

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

24/7 NurseLine

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

These nurses can:

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

Get the support you need

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

- ConditionCare: 866-962-1071
- Future Moms: 800-828-5891
- 24/7 NurseLine: 800-337-4770



Take care of yourself

Use your preventive care benefits



Regular checkups and exams can help you stay healthy and catch problems early — when they are easier to treat.

That is why our health plans offer all the preventive care services and immunizations below at no cost to you.¹ As long as you use a plan doctor, pharmacy or lab, you will not have to pay anything. If you go outside the plan, you may have out-of-pocket costs.

If you are not sure which services make sense for you, talk to your doctor.

Preventive vs. diagnostic care

Preventive care helps protect you from becoming sick. If your doctor recommends services even though you have no symptoms, that is preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to find out what is causing those symptoms.

Adult preventive care

Preventive physical exams

Screening tests

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (for men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) levels
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)²
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection, and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening³
- Eye chart test for vision⁴
- Hearing screening
- Height, weight and body mass index (BMI)
- Human immunodeficiency virus (HIV) screening and counseling
- Lung cancer screening for those ages 55 to 80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years²
- Obesity: related screening and counseling³
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal and domestic: related screening and counseling

Immunizations

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

Women's preventive care

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met⁴
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling^{6,7,8}
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those at high risk for breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- HPV screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression⁷
- Pelvic exam and Pap test, including screening for cervical cancer

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

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

Child preventive care

Preventive physical exams

Screening tests

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid levels
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and BMI
- Hemoglobin or hematocrit (blood count)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Skin cancer counseling for those ages 10 to 24 with fair skin
- Oral (dental health) assessment, when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening, when done as part of a preventive care visit⁴

Immunizations

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

A word about pharmacy items

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

- Meet certain age requirements and other rules.
- Receive prescriptions from plan doctors and fill them at plan pharmacies.
- Have prescriptions (even for the OTC items).

Adult preventive drugs and other pharmacy items — age appropriate

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease (CVD), preeclampsia and colorectal cancer in adults younger than 70 years of age
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Generic low-to-moderate dose statins for members ages 40 to 75 who have one or more CVD risk factors (dyslipidemia, diabetes, hypertension or smoking)
- Tobacco-cessation products, including all FDA-approved brand-name and generic OTC and prescription products, for those ages 18 and older
- Pre-exposure prophylaxis (PrEP) for the prevention of HIV

Child preventive drugs and other pharmacy items — age appropriate

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

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

- Contraceptives, including generic prescription drugs, brand-name drugs with no generic equivalent and OTC items like female condoms and spermicides⁷
- Low-dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women ages 55 or younger who are planning and able to become pregnant
- Breast cancer risk-reducing medications, such as tamoxifen, raloxifene and aromatase inhibitors, that follow the U.S. Preventive Services Task Force criteria^{2,9}

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

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

² You may be required to receive preapproval for these services.

³ The Centers for Disease Control and Prevention (CDC)-recognized diabetes prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

⁴ Some plans cover additional vision services. Please see your contract or *Certificate of Coverage* for details.

⁵ Check your medical policy for details.

⁶ Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.

⁷ This benefit also applies to those younger than age 19. A cost share may apply for other prescription contraceptives, based on your drug benefits. Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.

⁸ Counseling services for breastfeeding (lactation) can be provided or supported by a plan doctor or hospital provider, such as a pediatrician, obstetrician/gynecologist or family medicine doctor, and hospitals with no member cost share (deductible, copay or coinsurance). Contact the provider to see if such services are available.

⁹ Aromatase inhibitors are included, effective October 1, 2020.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE[®] Managed Care, Inc. (RIT), Healthy Alliance[®] Life Insurance Company (HALIC) and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), 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 Corporation (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.

Essential Drug List

You're working hard to balance your health needs and pharmacy costs — and we're here to help. Our Essential Drug List covers high-quality, affordable drugs that are essential to your health.

What is the Essential Drug List?

The Essential Drug List is a list of brand-name and generic prescription medications that have been selected and are periodically reviewed through Anthem's Pharmacy & Therapeutics process for proven effectiveness, high quality, and affordability. The Essential Drug List includes all of the essentials, but is a focused list that offers pharmacy choice while ensuring there are no gaps in care.

How it works

Formulary drugs are on different tiers depending on your cost-share. Generally, drugs on higher tiers have a higher cost-share.

Why the Essential Drug List?

- Includes 60-65% of all prescription medications
- Offers a variety of brand and generic medication choices
- Excludes drugs that have lower-cost formulary alternatives, or over-the-counter (OTC) alternatives (such as nasal steroids, PPIs)
- Includes drugs that don't have OTC or lower-cost formulary alternatives
- Maintains clinical integrity without compromising quality and safety
- Was developed and is reviewed regularly through the Pharmacy and Therapeutic (P&T) process¹

Do you have questions?

You can call the Member Services number on your Anthem ID card. We can also help you find out whether a drug is covered.



Are all medications on the Essential Drug List?

The Essential Drug List is a closed formulary/drug list. That means, sometimes, one or more of the medications you take may not be covered or you may have to pay more. But don't worry, you have other choices for your medication(s).

Drug class	Non-formulary drugs	Alternative(s)
Antihistamine / Nasal Steroid (Allergy)	Levocetirizine	Cetirizine*, fexofenadine*, loratadine*
High Cholesterol	Crestor & Zetia	atorvastatin (Lipitor), rosuvastatin (Crestor)
Insulin / SGLT2 (Diabetes)	Invokana	Jardiance
LABA combos (Respiratory)	Symbicort	Advair/HFA, Anoro Ellipta, Breo Ellipta & Dulera
Oral contraceptive	Ortho Tri-Cyclen Lo	Multiple generic contraceptives
PPI (Gastrointestinal)	omeprazole, lansoprazole, pantoprazole, Nexium	omeprazole*, lansoprazole*, Nexium*
SABA (Respiratory)	Ventolin HFA	Proair HFA
Sedative/Hypnotic	Zolpidem ER	Zolpidem
Stimulant (ADHD)	Adderall XR	amphetamine combo ER
Thyroid Hormone	Synthroid	levothyroxine

This chart represents a portion of the most prescribed drugs listed on the Essential Drug List. For the full list go to <https://www.anthem.com/pharmacyinformation>.

*OTC – Available over the counter without a prescription required

What to do if a medication is not on the Essential Drug List

There may be times when a medication isn't on the Essential Drug List and your doctor thinks that another option is not right. The prescriber can request an exception review, which usually requires trying two other covered drugs first. Specialty drugs will be subject to a trial of the preferred drug on our list, if available, and subject to prior authorization. Prior authorization is when the plan reviews a drug first before it's covered. You or your doctor can call the number on your member ID card or visit <https://www.anthem.com/pharmacyinformation> and download the Prior Authorization form in our drug list search tool.

Want to learn more?

Check out the Essential Drug List at <https://www.anthem.com/pharmacyinformation>. Select **Essential Drug List** to see which drugs are covered and at what tier level, as well as information on dosage/strength options and prior authorization or step therapy requirements. Drugs in higher tiers usually cost more. If the list doesn't include the drug(s) you take, there may be a brand alternative, a generic equivalent or OTC options.

Talk to your doctor. Only you and your doctor can decide what drugs are right for you. If a medication you're taking is not covered, talk to your doctor or pharmacist about whether another medication that is included on the Essential Drug List or an OTC may be right for you.

¹ Anthem's P&T team is made up of independent physicians and pharmacists that quarterly make sure every drug maintains a high level of quality.

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Your Rx Choice Tiered Network

Many choices and great coverage. Here's how it works.

We've created a network of pharmacies to give you lots of choices and flexibility when you fill prescriptions. The Rx Choice Tiered Network operated by our pharmacy benefits manager, Express Scripts, includes many popular grocery chains, stores and independent drugstores to choose from.

Two levels of coverage

You'll be able to choose from two levels of coverage in the network.

Level 1 includes nearly 25,000 pharmacies where you can get your prescriptions filled for the copay or percentage of the drug costs you normally pay as part of your prescription drug plan. Level 1 includes popular chains such as:

- CVS
- Target
- Walmart
- Kroger
- Giant Eagle

Level 2 offers you more pharmacy choices, but you'll also pay a little more — an extra amount on top of your share of the drug cost, depending on your benefit — no matter which drug you fill. Pharmacies available on Level 2 include:

- Walgreens
- Rite Aid

What's the bottom line?

You can save on out-of-pocket costs if you fill your prescription at a Level 1 pharmacy. If you've been using a Level 2 pharmacy, you can keep using it and pay the extra cost, or you can switch to a Level 1 pharmacy and save money.

Whether you choose Level 1 or Level 2, the Rx Choice Tiered Network still gives you many choices to fill your prescriptions. Combined, the two levels include more than 70,000 pharmacies around the country.

Want to know which level your pharmacy is on?

You can find out which level your pharmacy is on by going to anthem.com. Choose **Manage Your Prescriptions** on the homepage, and after logging in, select **Locate a Pharmacy** under *Pharmacy Benefits* for a list of pharmacies and the level they're on.

If you aren't registered on the website, you can find pharmacies by city and state or ZIP code in our online tool on anthem.com without logging in. Just choose **Find a Doctor** in the homepage menu. You can also view printed pharmacy listings at anthem.com/pharmacyinformation/rxnetworks.html.

Questions?

To get the most from your prescription drug plan, call us at the Member Services number on your ID card.

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

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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, and get your medicine sent to you automatically before your next refill date.

Missing even one dose of your medicine that treats long-term conditions like high blood pressure or diabetes may lead to serious health problems and higher costs. That's why home delivery is a great way to make sure you get your prescription refills when you need them.

Getting set up for home delivery is easy:



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 **View Pharmacy Payment Methods** to choose how you'd like to pay, sign up to pay online or add/update your credit card on file.



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.

Need help?

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




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: 100%; height: 20px;" type="text"/>
Street Address <input style="width: 100%; height: 20px;" type="text"/>	Apt./Suite # <input style="width: 100%; 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: 20px; height: 20px;" type="text"/> - <input style="width: 20px; height: 20px;" type="text"/> <input style="width: 20px; 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"/> <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 →

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Please fold here →

Please fold here →



Simple ways to save on the cost of drugs

Generics, our drug list and over-the-counter drugs help keep money in your pocket

Ask your doctor about generics

If your doctor prescribes a brand-name drug, ask if you can take a generic version. The Food and Drug Administration (FDA) requires that brand-name and generic drugs have the same active ingredients, strength, high-quality standards and dose. Generics might look a little different, but the active ingredients are the same. With a generic drug, you'll get the same effect as a brand-name drug, but they usually cost less.

If there's no generic available, ask your doctor if there's a drug that has a generic in the same drug category. For example, if your doctor gives you Exforge HCT to treat high blood pressure, there's no generic for it. But there is a generic drug called losartan HCT that also lowers blood pressure and is in the same drug category.

Our prescription drug list shows brand-name and generic drugs approved by the FDA. They work well, are safe and offer the most value. Drugs that are not on this list will cost you more out of pocket. If your medicine isn't on the drug list, ask your doctor if another brand-name drug or generic on the list is a good choice for you.

You can find our drug list at anthem.com. Your doctor may not know all the drugs on this list, so take it with you to your next appointment. You and your doctor can use it to choose the drug that's best for you.

Do your research

If you take a brand-name drug and want to know if a generic is available and how much it costs, go to anthem.com and follow these steps:

1. Log in using your username and password.
2. Choose **Prescription Benefits**.
3. Choose **Price a Medication**.
4. Select the patient's name.
5. Type the drug name and choose **Search**.
6. Pick the dose, then choose **Continue**.
7. Enter any other information about the drug and choose **Continue**.

Make sure you know why and how you should take a drug, any drug interactions and other warnings before you take it. Don't switch or stop taking a drug before talking with your doctor.

See personalized pharmacy benefit information at anthem.com. You'll have to register first. Just log in and choose **Chat with Us** to ask questions. Or call us at the Member Services number on your ID card.

See how generics help save money

Here are some common brand-name drugs that have generics. The cost savings can really add up.

Drugs with brand and generic options

Health condition	Brand-name drug	Cost ¹	Generic drug	Cost
Diabetes	Glucophage	\$118	metformin	\$6
High blood pressure	Diovan HCT	\$209	valsartan hctz	\$64
High cholesterol	Lipitor	\$262	atorvastatin	\$24

Save time and money with over-the-counter drugs

If you have allergies or indigestion sometimes, you may not need to see a doctor for relief. Over-the-counter (OTC) drugs can treat these common conditions. They aren't covered by your health plan, but OTC drugs can save you time and money because you don't need to see a doctor for a prescription.

Keep a list of the OTC drugs you take and show it to your doctor at your next visit. Your doctor should know all of the drugs you take to make sure there are no drug interactions that could harm you.

Health conditions with brand-name, generic and OTC drug options

Health condition	Brand-name drug	Cost ¹	Generic drug	Cost ¹	OTC drug	Cost ²
Indigestion, acid reflux, peptic ulcers	Dexilant	\$232	omeprazole	\$20	OTC Prilosec OTC Nexium	\$22
Allergies	Clarinx	\$189	fexofenadine loratadine	\$12	Allegra Claritin	\$19
Allergies	Nasonex	\$196	fluticasone	\$25	Nasacort Allergy 24HR Flonase Allergy Relief	\$18
Overactive bladder	Oxytrol patch	\$599	oxybutynin tablets	\$10	Oxytrol for Women patch	\$29

1 Cost based on average allowed cost per prescription. Allowed cost = Member Share + Plan Paid. (From Commercial Top Drug February 2015 report, data from March 2014 - February 2015.)

2 Cost based on average 30-day retail pharmacy prices, April 2015.

3 For example only.

Understanding drug tiers

Medicines are placed into certain tiers on our drug list. Tier 1 drugs usually have the lowest member cost-share, while Tier 4 drugs have the highest member cost-share. Your cost-share for drugs in the different tiers might look like this:³

- Tier 1 drugs: \$15 copay
- Tier 2 drugs: \$50 copay
- Tier 3 drugs: \$90 copay
- Tier 4 drugs: 25% of the cost of the drug

To decide which tier a drug goes into, we look at things such as:

- How well the drug works compared to other drugs for the same treatment.
- The cost of the drug compared to other drugs for the same treatment.
- If there are generic or OTC choices.

You can see your cost-share for generic and brand-name drugs by checking your benefits.

Within 20 minutes of your last cigarette, your heart rate and blood pressure will go down. After just one day, your risk of heart disease is lower. And in the weeks and months ahead, your circulation will improve and your lungs will get clearer and stronger.¹

Want to quit smoking?

You can do this. And you *don't* have to do it alone.

Get more support than ever — at no cost to you!

You've made a great decision for your health, and now's the time when you need some support. Did you know that as a result of the Affordable Care Act, your health plan covers certain FDA-approved prescription drugs and over-the-counter (OTC) products to help you quit smoking? And you can get these drugs at no extra cost to you!

Here's all you need to do:

1. **Ask your doctor** if one or more of the covered prescription drugs and/or OTC products will work for you. If so, you'll need to get a prescription for each one. (Yes, even the OTC products will need a prescription to be covered at no cost to you.)
2. **Go to your local participating retail pharmacy** to fill your prescription(s). You can check anthem.com for a list of pharmacies near you.
3. **Show the pharmacist proof** that you're at least 18 years old. If you're under 18, you may need to speak with your doctor to get your OTC product. By law, they can only be sold to people over 18.

It's quitting time

You can get these FDA-approved prescription drugs and OTC products for free!²

Prescription drugs	
<ul style="list-style-type: none"> • Chantix • Bupropion SR (generic Zyban) 	
OTC Nicotine Replacement Therapy (NRT) products	
Type	Generic products covered at 100%
Nicotine chewing gum Available in 2mg and 4mg doses	Most nicotine chewing gum products are covered. Please note: Nicorette is not covered.
Nicotine lozenge Available in 2mg and 4mg doses	CVS nicotine lozenge EQ nicotine lozenge EQL nicotine lozenge GNP nicotine lozenge HM nicotine lozenge Pub Stop Smoking Aid lozenge RA nicotine lozenge SM nicotine lozenge SW nicotine lozenge
Nicotine transdermal patch (also called a nicotine skin patch or nicotine transdermal system) Available in single daily doses of 7mg, 14mg, or 21mg	CVS nicotine transdermal patch EQ nicotine transdermal patch HM nicotine transdermal patch KRO nicotine transdermal patch PV nicotine transdermal patch RA nicotine transdermal patch SM nicotine transdermal patch Please note: Nicoderm is not covered.

Get even more support at anthem.com

Log in and go to our Health and Wellness section for resources, tips and inspiration to help you quit.

If you have questions about the drugs and products available through your health plan, call the number on your member ID card.



¹ WebMDhealth.com website. *What Happens When You Quit* (accessed December 2016): webmdhealth.com.
² Some drugs are subject to a quantity limit review before they're covered.

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Looking for a doctor?

Finding one online is fast and easy

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



Here's all you need to do:

1

Go to [anthem.com/find-doctor/](https://www.anthem.com/find-doctor/)

2

You can look for a doctor by using either:

- **Search as a Member:** Use your member ID card number or log in with a user name and password.
- **Search as a Guest:** Select a plan or network,* or search by all plans and networks, to get started.

3

Next, select a type of doctor and location. You can also search for a doctor within a certain distance of your location. It's optional to provide a doctor's name.

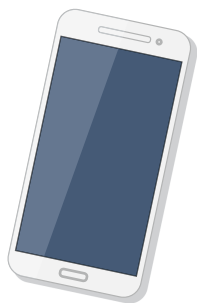
Hit **Search**.

Choose a doctor to see more information, such as:

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

Going mobile

Use your mobile device to search for doctors, hospitals and more with our free app from the App Store® or Google Play™. Just search for Anthem Anywhere and download the app.



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

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Say hi to Sydney

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

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

Get started with Sydney
Download the app today!



Simple

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

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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At home or on the go, doctors and mental health professionals are here for you.

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



When you're not feeling well you can get the support you need easily using LiveHealth Online. Whether you have a cold, you're feeling anxious or need help managing your medication, doctors and mental health professionals are right there, ready to help you feel your best. Using LiveHealth Online you can have a video visit with a board-certified doctor, psychiatrist or licensed therapist from your smartphone, tablet or computer from home or anywhere.

On LiveHealth Online, you can:

- **See a board-certified doctor 24/7.** You don't need an appointment to see a doctor. They're always available to assess your condition and send a prescription to the pharmacy you choose, if needed.¹ It's a great option when you have pink eye, a cold, the flu, a fever, allergies, a sinus infection or another common health issue.
- **Visit a licensed therapist in four days or less.**² Have a video visit with a therapist to get help with anxiety, depression, grief, panic attacks and more. Schedule your appointment online or call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.
- **Consult a board-certified psychiatrist within two weeks.**³ If you're over 18 years old, you can get medication support to help you manage a mental health condition. To schedule your appointment call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.

You've got access to affordable and convenient care

Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs — usually \$59 or less for medical doctor visits, and a 45-minute therapy or psychiatry session usually costs the same as an office mental health visit.

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

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





Save money with discounts at [anthem.com](https://www.anthem.com)

As an Anthem member, you qualify for discounts on products and services that help promote better health and well-being.* These discounts are available through SpecialOffers to help you save money while taking care of your health.

Vision, hearing and dental

Glasses.com™ and 1-800-CONTACTS® — Shop for the latest brand-name frames at a fraction of the cost for similar frames at other retailers. You are also entitled to an additional \$20 off orders of \$100 or more, free shipping and free returns.

EyeMed — Take 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.

Nations Hearing — Receive hearing screenings and in-home service at no additional cost. All hearing aids start at \$599 each.

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

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

ProClear™ Aligners — Take \$1,200 off a set of custom aligners. You can improve your smile without metal braces and time-consuming dental visits. Your order is 50% off and comes with a free whitening kit.

Fitness and health

Active&Fit Direct™ – Active&Fit Direct allows you to choose from more than 11,000 participating fitness centers nationwide for \$25 a month (plus a \$25 enrollment fee and applicable taxes). Offered through American Specialty Health Fitness, Inc.

FitBit – Work toward your fitness goals with Fitbit trackers and smartwatches that go with your lifestyle and budget. Save up to 22% on select Fitbit devices.

Garmin – Take 20% off select Garmin wellness devices.

Jenny Craig® – Join this weight loss program for free. Jenny Craig provides you with everything you need, making it easier to reach your goals. You can save \$200 in food, in addition to free coaching, with minimum purchase. Save an extra 5% off your full menu purchase. Details apply.

ChooseHealthy® – Discounts are available on acupuncture, chiropractic, massage, podiatry, physical therapy and nutritional services. You also have discounts on fitness equipment, wearable trackers and health products, such as vitamins and nutrition bars.

GlobalFit – Discounts apply on gym memberships, fitness equipment, coaching and other services.

Family and home

23andMe – Take \$40 off each Health + Ancestry kit. 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 – Take 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® – Take advantage of 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 and National Allergy Supply – Save up to 25% on select doctor-recommended products such as allergy-friendly bedding, air purifiers and filters, asthma products and more. Orders over \$59 ship for free by ground within the contiguous U.S.

To find the discounts available to you, log in to [anthem.com](https://www.anthem.com), choose **Care** and select **Discounts**.

Your SpecialOffers discounts are part of our effort to support your personal health journey. Taking care of your health can be easier with the savings offered through your health plan.

*** All discounts are subject to change without notice.**

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. Copies of Colorado network access plans are available on request from member services or can be obtained by going to [anthem.com/co/networkaccess](https://www.anthem.com/co/networkaccess). In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), 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 Corporation (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 ER isn't your only option

Find the right place to go when you need to see a doctor quickly

Your primary care doctor is usually the best place to start when you need care. After all, they know your story. But you have other options for non-emergency care – even in the middle of the night. Make a plan now, so you're prepared when you need to choose care in a hurry. **And remember, going to the emergency room (ER) or calling 9-1-1 is always best when it's an emergency.**

Where to go	What can be treated	Hours	Your cost ¹
<p>Have a video visit with a doctor on LiveHealth Online</p>	Flu and cold symptoms, allergies, pink eye and sinus infections, even if a prescription is needed ²	<p>24/7 from your smartphone, tablet or computer with a webcam</p> <p>Just register at livehealthonline.com or download the LiveHealth Online mobile app.</p>	\$
<p>Call your doctor's office</p>	Flu and cold symptoms, allergies, chronic health conditions and preventive care like your annual physical	Hours vary, usually best by appointment	\$\$
<p>Visit a retail health clinic</p>	Flu and cold symptoms, rashes, minor allergic reactions, pink eye, urinary tract infections and minor cuts and burns	Most can see you nights and weekends, and accept walk-ins	\$\$
<p>Go to an urgent care center</p>	Back and joint injuries, flu and cold symptoms, sprains, strains and cuts or when you need X-rays	Usually open extended hours (nights and weekends)	\$\$\$

¹ Costs are ranked according to the member's estimated out-of-pocket costs and average health plan copays. \$ = lower cost and \$\$\$ = higher cost. Care outside of your plan may cost more out of pocket. Call the Member Services number on your ID card if you have questions about your plan.

² Prescription availability is defined by physician judgment.

Finding care is easy.

Log in at anthem.com or download the Sydney app today. It's easy and fast to find doctors, retail health clinics and urgent care centers in your plan and compare costs.

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

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GOOD HEALTH IS WORTH IT

YOUR GUIDE TO EARNING REWARDS WITH WELLBEING SOLUTIONS

Your whole health matters. That’s why you have Wellbeing Solutions, a suite of programs to help you with your everyday health and cover all areas of your well-being. It comes with extra guidance and support in managing your health, plus access to Anthem Health Rewards to earn monetary rewards. Read on to learn more about what’s available to you through your employer plan.

HOW TO MAKE GOOD HEALTH PAY OFF EARN UP TO \$200 IN REWARDS



WELL-BEING COACH

Staying healthy can feel like a full-time job — especially when you have an ongoing health condition or a busy schedule. Your benefits include a dynamic program called Well-being Coach at no extra cost to you. A well-being coach can work with you to identify habits you want to change, then develop custom action plans with you to help you make those changes.

It’s true that good health is its own reward. But getting something extra feels good too. That’s how Anthem Health Rewards¹ works. It rewards you, and your covered spouse or partner, for taking part in employer-sponsored health and wellness programs.

Your employer has chosen to help encourage preventive care by providing a program that rewards you for completing key activities. That’s a win towards better health. The best part? You can earn up to \$200 in rewards! You can see the status of your progress on anthem.com or download the free Sydney Health mobile app.

As you complete activities, your participation will be tracked for you and automatically rewarded through either a reloadable debit rewards card or an account deposit.² Check with your employer or log on to your Anthem Health Rewards account via anthem.com or the app for your reward type.

EXPLORE YOUR PLAN'S POWERFUL BENEFITS

TOBACCO-FREE CERTIFICATION REWARD - \$50

You've made the right choice to stay tobacco free during the previous six months. Now you can certify you are tobacco-free and earn \$50 in rewards.

Ready to begin?

To confirm you're tobacco-free, visit the My Health Dashboard on anthem.com or the Sydney Health app via your mobile device. Look for the tobacco-free certification and follow the prompts to complete the online certification.

If you're unable to earn the reward for being tobacco-free, you can still earn it by completing a Health Action Plan which is available for download within the online certification process.³

CLAIMS-BASED ANNUAL WELLNESS EXAM + FLU SHOT REWARD - \$100

As important as regular checkups and screenings are, it can be hard to fit them into your schedule. For extra motivation to stay healthy, you can earn \$100 in rewards for receiving a preventive wellness exam and a flu shot.

Ready to begin?

Get your wellness exam at your doctor's office (primary care doctor). You can also get your flu shot at your doctor's office, or at a pharmacy or retail clinic. You don't have to complete the wellness exam or flu shot in any particular order or together. Just be sure claims are submitted for both activities by your doctor or other provider to Anthem.⁴

HEALTH ASSESSMENT - \$50

It's a lot easier to get and stay healthy when you know where you stand. The Health Assessment gives you a snapshot of your health so you know what's going well and if there are any at-risk areas to focus on. Plus, when you complete the Health Assessment, you'll earn \$50 in rewards.

Ready to begin?

Register at anthem.com or the Sydney Health mobile app and log in. Visit the My Health Dashboard, then the Programs area and look for the Health Assessment. Answer the questions to receive a personal report and open up tools to help you set and reach your health goals. All your information will be kept confidential.

GOOD HEALTH IS WORTH IT

Anthem Health Rewards gives you extra motivation to reach your health goals! Because when you're healthy, every part of your life is more rewarding.

To get started, register at anthem.com or download the free Sydney Health mobile app for iOS & Android.



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

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

¹ Anthem Health Rewards eligibility applies to only employees and their spouse/domestic partner. Member must be active on the plan and activity must take place during the plan effective year.

² Reloadable debit rewards card: Once you complete your first health reward activity, you'll receive a reloadable Health Rewards card within 12-20 business days. As you complete additional Health Rewards activities, new rewards are automatically deposited and available to spend using your Health Rewards card. Non-CT-based plans: This card can be used everywhere major credit cards are accepted, but cannot be used at any ATM or to obtain cash. CT-based plans: As of January 1, 2020, reloadable debit rewards card dollars must be used for only qualified medical expenses, as defined in Section 213(d) of IRS Pub 502. Account deposit: Depending upon the reward vendor's process, it can take up to four weeks for rewards disbursements to be delivered after a member's activity is processed at the reward vendor.

³ All Health Action Plans must be filled out and sent in no later than 30 days after the end of the plan period for which you're seeking a reward.

⁴ It may take up to 75 business days from the day the second of the two preventive care activities is completed for both rewards to be disbursed to your rewards account.

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

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

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Save money on health tests and procedures

SmartShopper helps you find the best value for high-quality care

We understand that medical procedures can be costly and can sometimes seem unpredictable. In fact, the same test or procedure can vary by hundreds or even thousands of dollars, depending on where you go. SmartShopper makes it easy to compare cost information about common health procedures. You can even earn cash* rewards when you choose a health care provider known for high-quality outcomes.

Shop on your own or with a Personal Assistant

It's easy to use SmartShopper. Shop online at [smartshopper.com](https://www.smartshopper.com) or call the SmartShopper Personal Assistant Team. Your Personal Assistant will help you understand your options and schedule your appointment. You can reach a Personal Assistant by calling **1-844-328-1582** Monday to Thursday, 8 a.m. to 8 p.m. Eastern and Friday 8 a.m. to 6 p.m. Eastern.

SmartShopper is easy to use

- 1 When your health care provider suggests a test or procedure, visit [smartshopper.com](https://www.smartshopper.com) or call the SmartShopper Personal Assistant Team at **1-844-328-1582**.
- 2 Choose where you would like to have your test or procedure. All of the SmartShopper options are in your plan's network.
- 3 After Anthem pays your claim, SmartShopper will mail you a reward check. Your check should arrive in about six weeks.

We are happy to offer you SmartShopper as part of your Anthem benefit plan. It's one more way that we can help you to save money and receive high-quality health care. To sign up, go to [smartshopper.com](https://www.smartshopper.com) or call the Personal Assistant Team at **1-844-328-1582**, Monday to Thursday, 8 a.m. to 8 p.m. Eastern and Friday 8 a.m. to 6 p.m. Eastern.



Earn cash rewards for choosing health care providers known for high-quality, lower-cost care.

Sample procedures and rewards

Test or procedure	Reward up to:
ACL repair by arthroscopy	\$250
Colonoscopy	\$250
Mammogram	\$50
Ultrasound	\$50
Physical therapy	\$150

For a full list of procedures and rewards, call the Personal Assistant team at **1-844-328-1582** or visit [smartshopper.com](https://www.smartshopper.com).



SmartShopper®

*Reward payments may be taxable.

The SmartShopper program is provided by Sapphire Digital an independent company. Incentives available for select procedures only. Payments are a taxable form of income. Rewards may be delivered by check or an alternative form of payment. Members with coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program. Rewards are for select procedures only and reward payments may be taxable.

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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.



Notes



Ready to use your plan?

Get some extra help

Anthem Health Guides are here to help you get the most out of your medical plan. These highly trained Anthem associates will help you with all your health care needs.

Reach a health guide by calling the number on your member ID card. You also can go to **anthem.com** to send a secure email or chat with them online.



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