



Choosing and using your plan

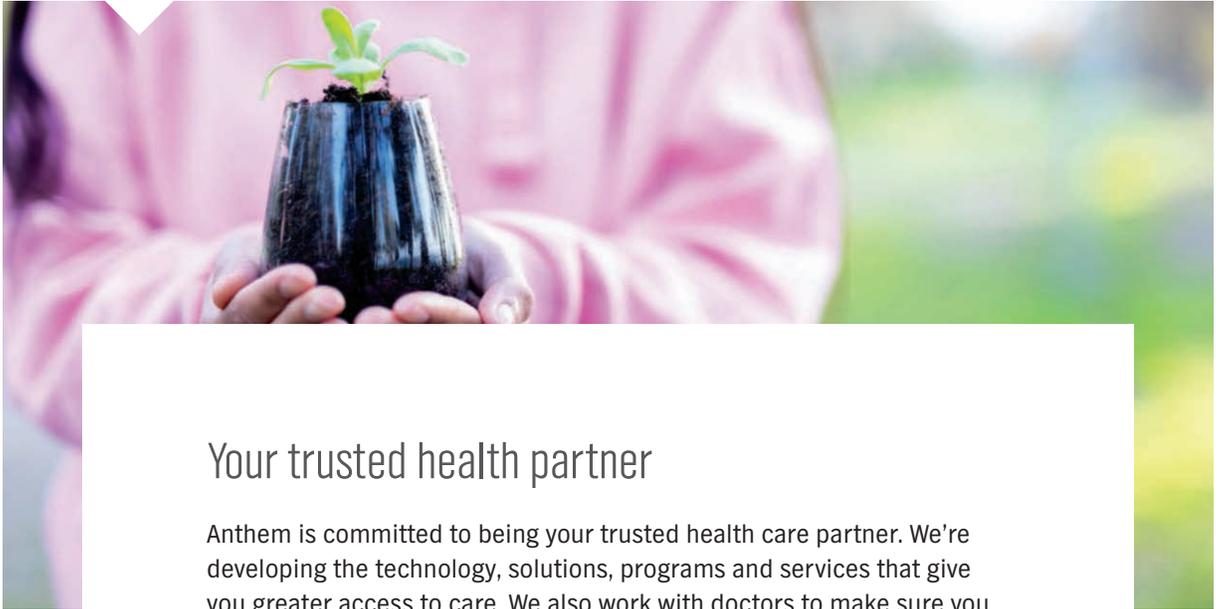
Your guide to open enrollment and making the most of your benefits



CEBCO Delaware County
Effective January 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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Your pharmacy benefits

What your plan will cover

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

Your pharmacy plan includes:

- One or more drugs lists. Be sure to check for your medications - the brand-name drugs and the generics that are included in your plan.
 - You can find out if the drug you take is included on the **National 3-tier** Drug List by visiting [anthem.com/nationaltier3](https://www.anthem.com/nationaltier3).

How your pharmacy benefits work

You pay your deductible

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

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

You and your plan share the costs

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

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



Your pharmacy benefits

Save money with Tier 1 drugs

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

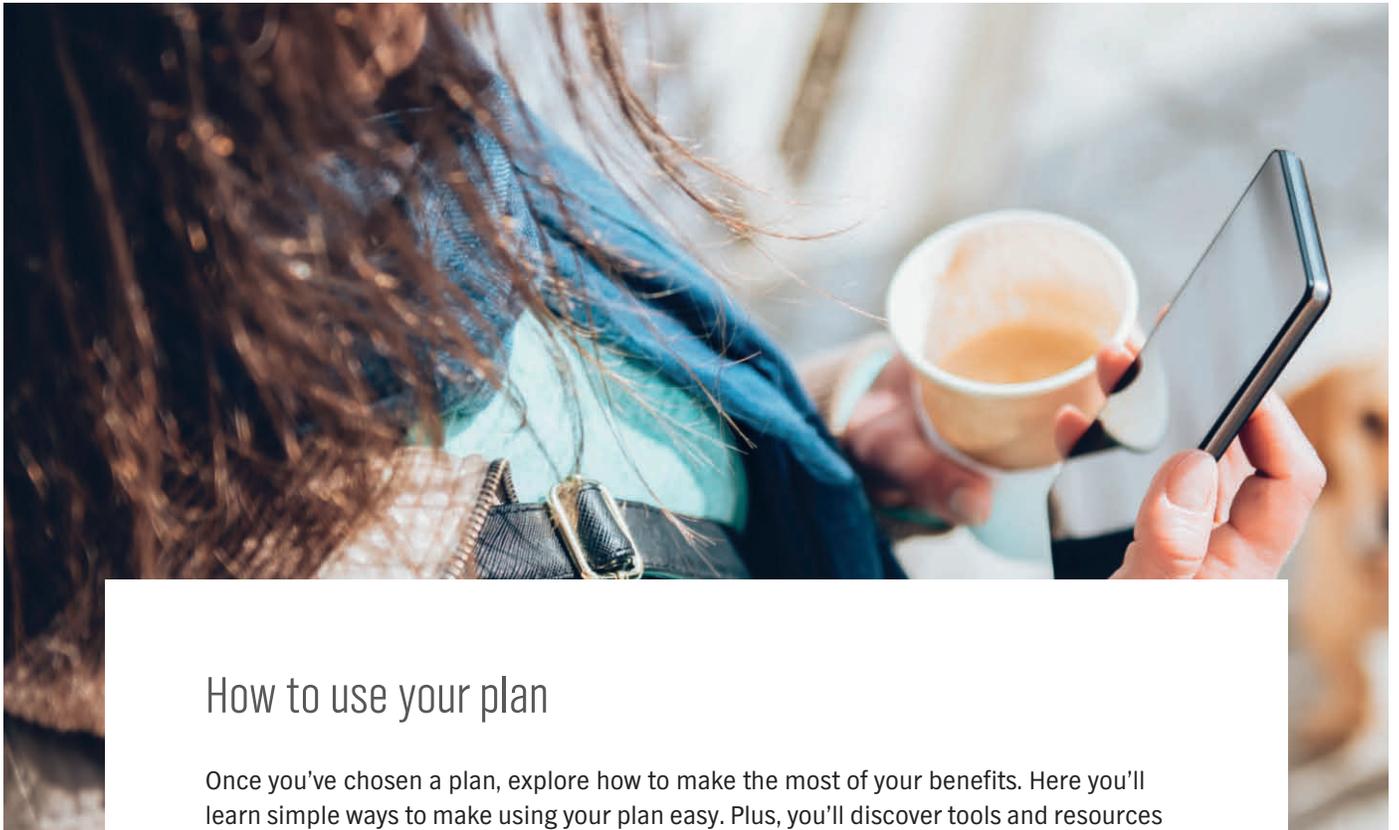
Once you're a member, you can check the price of a drug at different pharmacies at [anthem.com](https://www.anthem.com) and see if there are lower-cost drugs.

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

Simple ways to save money on medicine

- Find a pharmacy in your plan.
- Talk to your doctor about generic medicines.
- See if an over-the-counter option is available.





How to use your plan

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



How to use your plan

Use your ID card right from your phone

Engage Wellbeing — This app acts like a personalized health assistant by connecting you to the right benefits and programs at the right time. You can use it to find a doctor, get ratings and reviews, show your ID card at the doctor or pharmacy, view your claims, compare costs, track your health goals, and more. Plus, you'll have access to resources to help you guide your health decisions. Get started by downloading the **Engage Wellbeing** 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 **Engage Wellbeing** mobile app and **anthem.com** to get personalized information about your health plan and more. You can:

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



How to use your plan

Find a doctor in your plan

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

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

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

Schedule a checkup

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

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

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



How to use your plan

See a doctor from home

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

Where to go for care when you need it now

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

But when you need nonemergency care right away:

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



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



Make the most of your pharmacy benefits

You can manage your prescriptions and costs at **anthem.com**. Simply log in and explore the following ways to save:

- 1. Search the drug list.** Find out if your drugs are covered and which tier they're in. Lower-cost drugs and generics are usually in Tiers 1 and 2. You'll save the most money when you use Tier 1 drugs.
- 2. Price a medication.** See how much a medicine costs. You can compare retail drug costs at local pharmacies and see the price of generic options. Results will include the cost of up to a 90-day supply and home delivery pricing.
- 3. See if there are generic options.** If you're taking a brand-name drug, you can find a list of generic options that cost less, or ask your doctor.
- 4. Choose a pharmacy that's in your plan.** You have many retail pharmacies to choose from. Use a pharmacy that is in your plan to get the best price. To find a pharmacy in your plan, visit **anthem.com/pharmacyinformation/networks** and choose your network list. Your plan uses the National network list of pharmacies.
- 5. Get up to a 90-day supply at a retail pharmacy.** You can get up to a 90-day supply of your maintenance medications at a participating retail pharmacy.

Questions?

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





Plan extras that support your health

Learn more by registering on the **Engage Wellbeing** mobile 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 **Engage Wellbeing** app or at **anthem.com**.

Apps

Engage Wellbeing — This app acts like a personalized health assistant by connecting you to the right benefits and programs at the right time. You can use it to find a doctor, get ratings and reviews, show your ID card at the doctor or pharmacy, view your claims, compare costs, track your health goals, and more. Plus, you'll have access to resources to help you guide your health decisions. Get started by downloading the **Engage Wellbeing** 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. 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.

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

Blue Distinction® Centers — If you are having surgery or a major procedure like knee or hip replacement, look for one of these two designations: Blue Distinction Centers or Blue Distinction Centers+. These hospitals are recognized for excellent care and faster recovery times. Blue Distinction Centers+ are also recognized for lower costs. Best of all — you don't pay extra for access to a Blue Distinction Center. It's part of your plan.

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

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 **Engage Wellbeing** mobile app or at **anthem.com**.

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.

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

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

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

your age and gender. You can get the reminder electronically or by mail. Make your selection on **anthem.com**.

Healthy living

Staying Healthy Reminder — This yearly reminder tells you about important preventive health screenings or treatments you may need, based on

**CEBCO Plan 250B-Delaware County
Blue Access PPO
Summary of Benefits**

Effective 01/01/2020

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	\$250/\$500	\$500/\$1,000
Out-of-Pocket Limit (Single/Family) (Deductible, coinsurance and co-pays contribute to OOP)	\$1,500/\$3,000	\$3,000/\$6,000
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/Specialty Care Physician (SCP) Including Office Surgeries and allergy serum: <ul style="list-style-type: none"> allergy injections (PCP and SCP) allergy testing routine and non-routine mammograms (regardless of outpatient setting) diabetic education (regardless of outpatient setting) certain medical nutritional therapy (regardless of outpatient setting) MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies and non-maternity related Ultrasounds LiveHealth Online (Telehealth) Medical visits 	\$15/\$25 \$5 10% No copayment/coinsurance No copayment/coinsurance No copayment/coinsurance 10% No copayment/coinsurance	30% 30% 30% 30% Not Covered 30% Not Covered
Preventive Care Services Services include but are not limited to: Routine Exams, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Routine Vision and Hearing exams <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility 	No copayment/coinsurance No copayment/coinsurance	30% 30%
Emergency (ER) and Urgent Care <ul style="list-style-type: none"> Emergency Room Services @ Hospital (facility/other covered services) (copayment waived if admitted) Urgent Care Center Services 	\$150 \$35	\$150 \$35
Inpatient and Outpatient Professional Services Include but are not limited to: <ul style="list-style-type: none"> Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams For certain surgeries, facilities with BDC+ distinction; includes professional services (knee/hip replacement, cardiac and spine) 	10% No Copayment/coinsurance	30% Not applicable
Inpatient Facility Services Unlimited days except for: <ul style="list-style-type: none"> 60 days Network/Non-Network combined for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) 90 days Network/Non-Network combined for skilled nursing facility For certain surgeries, facilities with BDC+ distinction (knee/hip replacement, cardiac and spine) 	10% No copayment/coinsurance	30% Not applicable
Outpatient Surgery Hospital/Alternative Care Facility <ul style="list-style-type: none"> Surgery and administration of general anesthesia 	10%	30%
Other Outpatient Services (including but not limited to): <ul style="list-style-type: none"> Non-Surgical Outpatient Services for example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services. Home Care Services (Network/Non-network combined) 90 visits (excludes IV Therapy) Durable Medical Equipment, Orthotics and Prosthetic Devices Physical Medicine Therapy Day Rehabilitation programs Hospice Care Ambulance Services 	10% 10% 10% 10% 10% 10%	30% 30% 30% 30% 10% 10%

Covered Benefits	Network	Non-Network
Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: Physical Medicine Therapy Limits, Outpatient Therapy (Network and Non-Network combined): <ul style="list-style-type: none"> Physical therapy: 30 visits Occupational therapy: 30 visits Manipulation therapy: 12 visits Speech therapy: 20 visits 	\$15/\$25 10%	30% 30%
Behavioral Health Services: Mental Health and Substance Abuse <ul style="list-style-type: none"> Inpatient Facility Services Inpatient Professional Services Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility <i>These benefits have been tested and are compliant with Federal Mental Health Parity legislation.</i>	10% 10% \$15 10%	30% 30% 30% 30%
Human Organ and Tissue Transplants <ul style="list-style-type: none"> Acquisition and transplant procedures, harvest and storage. 	No copayment/coinsurance	50%
Prescription Drugs with Anthem RX Out of pocket Maximum \$2,500 Single/\$5,000 Family	Retail (30 day supply) Tier 1 \$ 15 Tier 2 \$ 40 Tier 3 \$ 60	Mail Order (90 day supply) Tier 1 \$ 30 Tier 2 \$ 80 Tier 3 \$120

Notes:

- All medical deductibles, copayments, and coinsurance apply toward the out-of-pocket (excluding Prescription Drug cost share options and Non-network Human Organ and Tissue Transplant (HOTT) Services).
- Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services @ Hospital where a percentage (%) coinsurance applies to other covered services.
- Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent Age: to end of the month which the child attains age 26.
- Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYN's and Geriatrics or any other Network Provider as allowed by the plan.
- Physicians Home and office visit copayment also applies if the office visit is billed with allergy injections.
- No copayment/coinsurance means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.
- Benefit period = calendar year
- Private Duty Nursing limited to 82 visits/calendar year and 164 visits/lifetime

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

²We encourage you to contact Our Mental Health Subcontractor to assure the use of appropriate procedures, setting and medical necessity. Refer to Schedule of Benefits for limitations.

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

⁴Blue Distinction Total Care+ (BDC+) facilities can be found on www.anthem.com, provider directory under Hospitals. Network benefits, facility and professional, will be paid at a higher level when knee/hip replacements, cardiac PCI and CBG surgeries and spine surgeries including discectomy, fusion and decompression procedures are performed at these facilities.

⁵Benefits may be denied for certain avoidable Emergency Room visits. See your certificate of benefits for details.

Precertification:

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

Pre-existing Exclusion Period: None

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

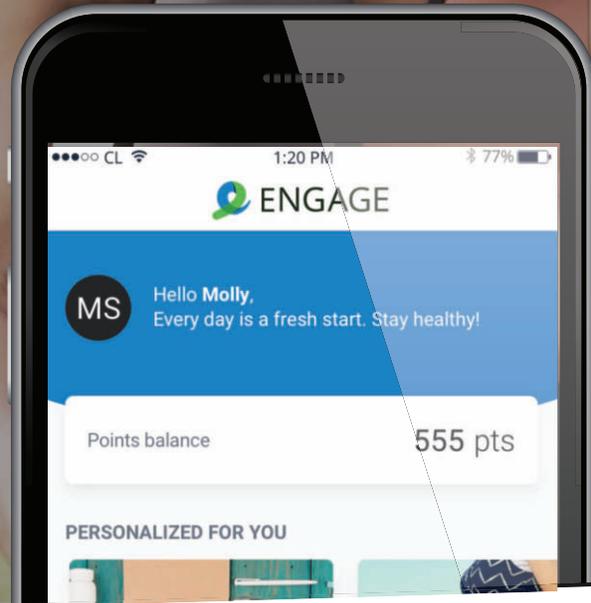
This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract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

Meet Engage, your personalized health assistant

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

Download the

Engage Wellbeing App today!



Get peace of mind.

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



Take charge of your wellness.

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



Make the most of your perks.

Save time and money by discovering additional benefits and programs.



Built for the real world. *All for you.*

Simplify your health care experience with a personalized health assistant that connects you to the right benefits and programs at the right time. With Engage, you can:



See all of your medical and pharmacy benefits in one place.



Access LiveHealth Online and have face-to-face video visit with a doctor therapist on your smartphone, computer or mobile device.



Learn more about our health and wellness programs, like 24/7 NurseLine, Condition Care and Future Moms.



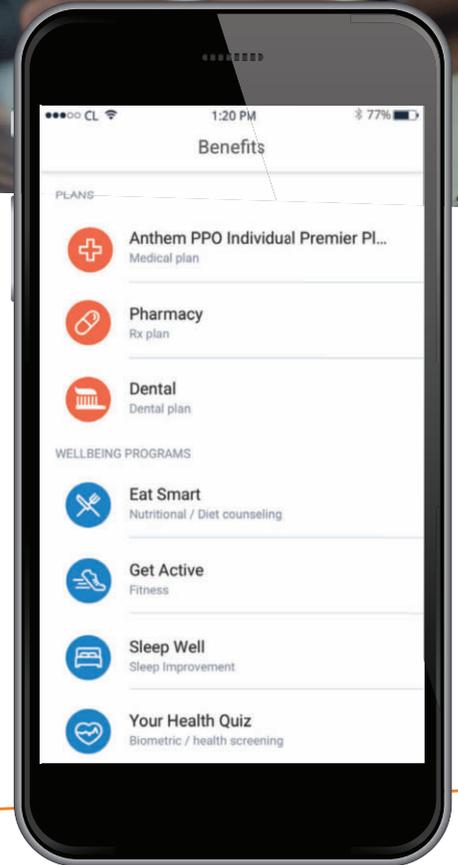
Participate in well-being challenges to help keep you active and healthy



Sync fitness and wellness data with your wearable fitness device.



Protect yourself from overpaying by seeing the cost of services and care **before** setting up a visit.



Using Engage, you can get support through a mobile device, computer or phone.

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

Anthem Blue Cross and Blue Shield is the trade name of: In 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 and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc., 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 Compare Health Services Insurance Corporation (Compare) or Wisconsin Collaborative Insurance Corporation (WCIC). Compare 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.



Skip the ER

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

When you need care right away and your doctor isn't available, the emergency room (ER) might be your first choice. But did you know how many ER visits are unnecessary? ERs aren't the best choice in every situation, especially when you can **save about \$1,100** by going somewhere else when it's not an emergency.^{1,2,3} And you won't have to wait as long.

Here's what to do when you need care fast



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

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



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

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

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

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

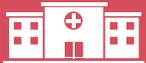
If you're an HMO member, talk to your primary care doctor to understand your options for quick care. Your doctor can also help you find quick care centers in your plan.

When to head to the ER

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



Where to get care quickly³

	Who usually provides care	Estimated average cost ²	When to go
Emergency Room 	Doctors trained in emergency medicine	For non-emergencies: 4 hours \$1,404	<ul style="list-style-type: none"> Coughing up or vomiting blood Symptoms feel life-threatening or disabling Chest pain or severe shortness of breath Major injury or broken bones Sudden or unexplained loss of consciousness
Retail Health Clinic 	Physician assistants or nurse practitioners	30 minutes \$72	<ul style="list-style-type: none"> Allergic reactions (minor) Bumps, cuts, scrapes, rashes Burning with urination Burns (minor) Cold, cough and sore throat Sinus pain and fever (minor) Eye or ear pain or irritation Shots
Walk-in Doctor's Office 	Family practice doctors	30 minutes \$124	Same as retail health clinic plus... <ul style="list-style-type: none"> Asthma (mild) Back pain Nausea or diarrhea Headache (minor)
Urgent Care Center 	Doctors who treat conditions that should be looked at right away	30 minutes \$143	Same as walk-in doctor's office plus... <ul style="list-style-type: none"> Animal bites Sprains and strains Stitches X-rays
LiveHealth Online 	Board-certified doctors	10 minutes \$59 or less	<ul style="list-style-type: none"> Allergic reactions (minor) Headache (minor) Nausea or diarrhea Cold, cough and sore throat Sinus pain and fever (minor) Eye or ear pain or irritation Burning with urination



Be prepared

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

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



Money-saving tip

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

¹ If you get care from a health professional or facility that is not in your health plan, you may have much higher out-of-pocket costs.
² National averages of the total cost, not what members paid based on Anthem members' paid claims from January 1, 2016 through December 31, 2016.
³ If you use the ER and it's not a true emergency, your claim could be denied and you may be responsible for the full cost of your ER care.

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Access

to the highest quality of care

Your employees deserve nothing less

When your employees have serious health problems, they need an extraordinary level of care. National **Blue Distinction Centers for Specialty Care®** meet or exceed the highest standards of care set by independent medical organizations and experts.

Because you chose a quality health plan for your employees, they have access to Blue Distinction Centers in these specialties:

- Cardiac care
- Knee and hip replacement
- Spine surgery

Quality care means better health and lower cost

Blue Distinction Centers for Spine Surgery showed 17.9% fewer readmissions (30-day) and 13.3% fewer complications than non-designated hospitals. In addition, the cost savings for using the Blue Distinction Centers+ spine surgery facilities was 21.6%.

Blue Distinction Centers for Knee/Hip Replacements also had fewer re-admissions (14.3%) and complications (11.1%) than non-designated hospitals. The cost savings at the Blue Distinction Centers+ for Knee/Hip Replacements was 22.5%. Healthier employees could mean a healthier bottom line for your business.

For more information about Blue Distinction Centers, contact your Anthem representative.

References: 2013 BlueCross and BlueShield Association evaluation of Blue Distinction program application data; compared facilities that achieved designation for Blue Distinction Centers/Blue Distinction Centers+ to those that did not meet the criteria.

It's easy to find Blue Distinction Centers for Specialized Care:

1. Log in to anthem.com.
2. Select "Find /Rate a Doctor".
3. Select that you want to search "Hospitals and Facilities" and include the city, state and Zip code (for better results, set your search radius to 100 miles).
4. Select search.
5. To narrow your search or to search for specific Blue Distinction programs, use the filters on the left navigation pane. On the Search Results page, to view Blue Distinction recognitions, use the "Quality Snapshot" link.
6. You may also find the Blue Distinction designations on the Provider Details page - simply click on the provider name and choose the "Satisfaction and Quality" tab.



1 The Blue Cross and Blue Shield Association, Fact Sheet: Blue Distinction (February 2010): bcbs.com

Note: Designation as Blue Distinction Centers means these facilities' overall experience and aggregate data met objective criteria established with the help of expert clinicians and leading professional organizations. Individual outcomes may vary.

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A HEALTHIER YOU STARTS TODAY.

Lose weight, adopt healthy habits and significantly reduce your risk of developing type 2 diabetes.



Take the 1-minute quiz to find out if you qualify for a lifestyle change program at no cost.

Visit solera4me.com/cebco



Solera4me is provided by Solera Health, an independent company.

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CHANGE YOUR LIFE IN 16 WEEKS

Introducing a new covered benefit for Anthem Blue Cross and Blue Shield Members

Anthem Blue Cross and Blue Shield is pleased to announce a new benefit for qualified members.

It's a 16-week program, followed by monthly sessions, that can help you lose weight, adopt healthy habits and significantly reduce your risk of developing diabetes. And it's available at no cost to members who qualify.

Through this benefit, you may be able to participate in a national weight loss program such as Weight Watchers, Retrofit or HealthSlate.

While programs differ, most include the following elements:



Access to a personal health coach



Weekly lessons



A small group for support

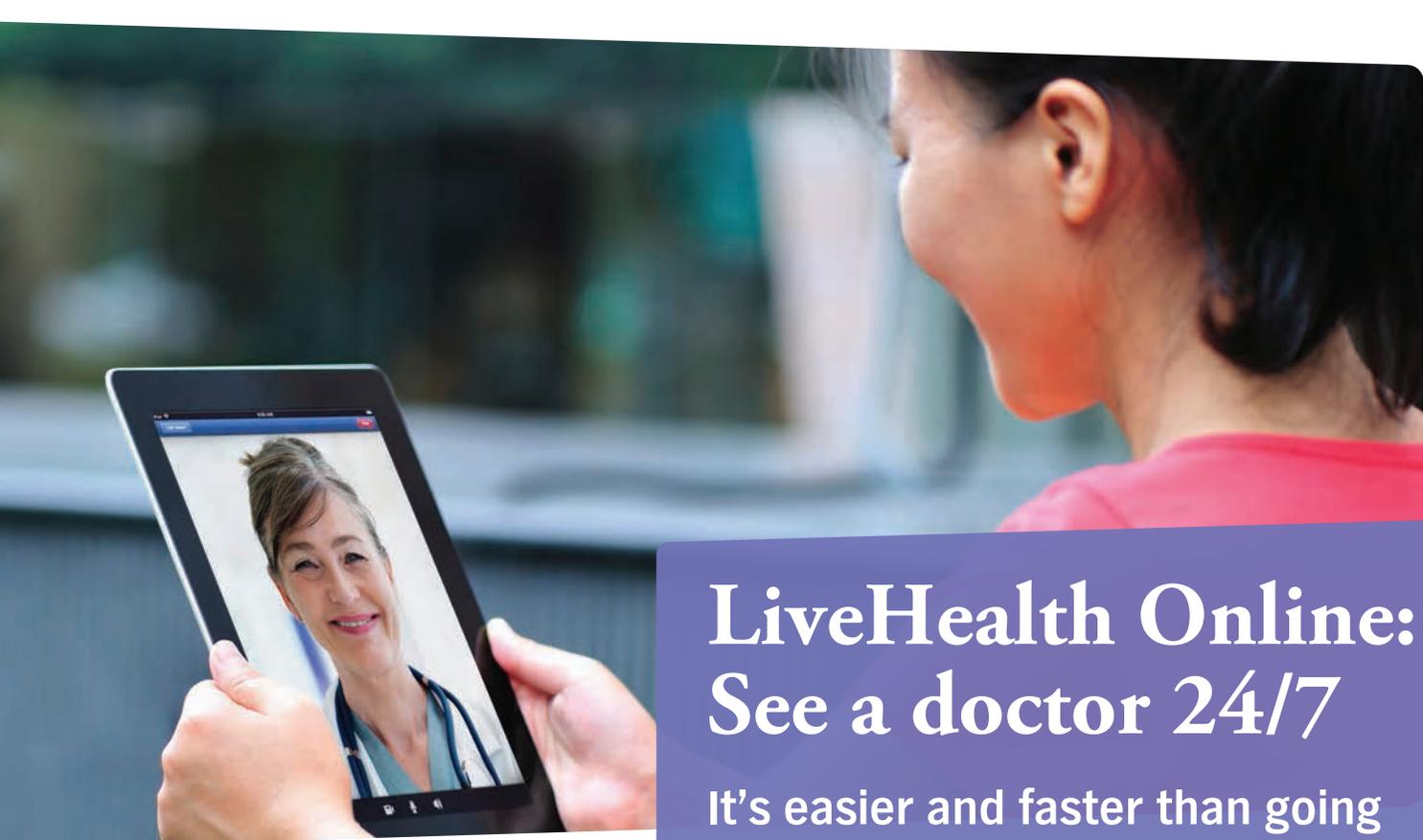


Tools like a wireless scale or an activity tracker

Find out if you qualify by taking a 1-minute quiz at solera4me.com/cebco

Solera4me is provided by Solera Health, an independent company.

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LiveHealth Online: See a doctor 24/7

It's easier and faster than going to urgent care.

Sign up for LiveHealth Online today!
It's quick and easy to sign up — just go to livehealthonline.com or download the mobile app.



apple.com



play.google.com/store

The next time you or someone in your family needs to see a doctor, use LiveHealth Online. See a doctor with a smartphone or tablet using our free app, or a computer with a webcam.¹

With LiveHealth Online, you get:

- Immediate, 24/7 access to board-certified doctors.
- Secure and private video chats with your choice of doctor.
- Prescriptions that can be sent to your pharmacy, if needed.²

Your LiveHealth Online member cost share for Medical visits will be \$0 for PPO plans (NOTE: This does not apply to HSA plans, although Medical LiveHealth Online visits are only \$59.)



LiveHealth
ONLINE



¹ Visit the home page at livehealthonline.com to see the latest map showing where service is available.

² As legally permitted in certain states.

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

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LiveHealth Online Psychiatry

What you need to know about video visits with a psychiatrist



What is LiveHealth Online Psychiatry?

Now you can see a board-certified psychiatrist to help you manage medications.¹ Whether you're at home, at work or on the go. Just download the free LiveHealth Online app to your mobile device or visit livehealthonline.com on a computer with a webcam.

When is LiveHealth Online Psychiatry available?

You can have a video visit with a psychiatrist usually in two weeks.² Appointments, which are also available on evenings and weekends, can be scheduled online or over the phone at **1-888-548-3432** from 8 a.m. to 8 p.m., seven days a week.

What can psychiatrists on LiveHealth Online help me with?

Psychiatrists on LiveHealth Online can help you manage some of your medications. Keep in mind, though, they can't prescribe medications that are controlled substances.

For counseling sessions, contact a psychologist or therapist on LiveHealth Online Psychology. Remember, if you're in crisis or having suicidal thoughts, get help right away or call 911.

How much does it cost to use LiveHealth Online Psychiatry?

You'll see your cost before the visit starts. Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs.

Will I be charged more if I use LiveHealth Online Psychiatry on weekends, holidays or at night?

No, the cost is the same.

How do I pay for a LiveHealth Online Psychiatry visit?

You can use PayPal, American Express, Visa, MasterCard and Discover cards to pay for an online visit.



How can I make an appointment?

For your first visit, set up a time by going online, using the mobile app or calling LiveHealth Online:

- **Online:** Visit livehealthonline.com and sign up or log in. Once you've logged in, select **LiveHealth Online Psychiatry** to schedule an appointment with the board certified doctor you would like to see.
- **Mobile app:** Download the free LiveHealth Online mobile app from the App Store® or on Google Play™ and then sign up or log in. Once you've logged in, choose **LiveHealth Online Psychiatry**. Next, select from available doctor's after checking out their qualifications and arrange a visit.
- **Phone:** You can also call **1-888-548-3432** from 8 a.m. to 8 p.m., seven days a week.

In most cases, you can make an appointment to see a psychiatrist in two weeks.² This may be sooner than waiting for an office visit. LiveHealth Online will send you an email confirming your appointment.

What type of computer do I need to use LiveHealth Online?

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

How do I know if a psychiatrist is in my plan?

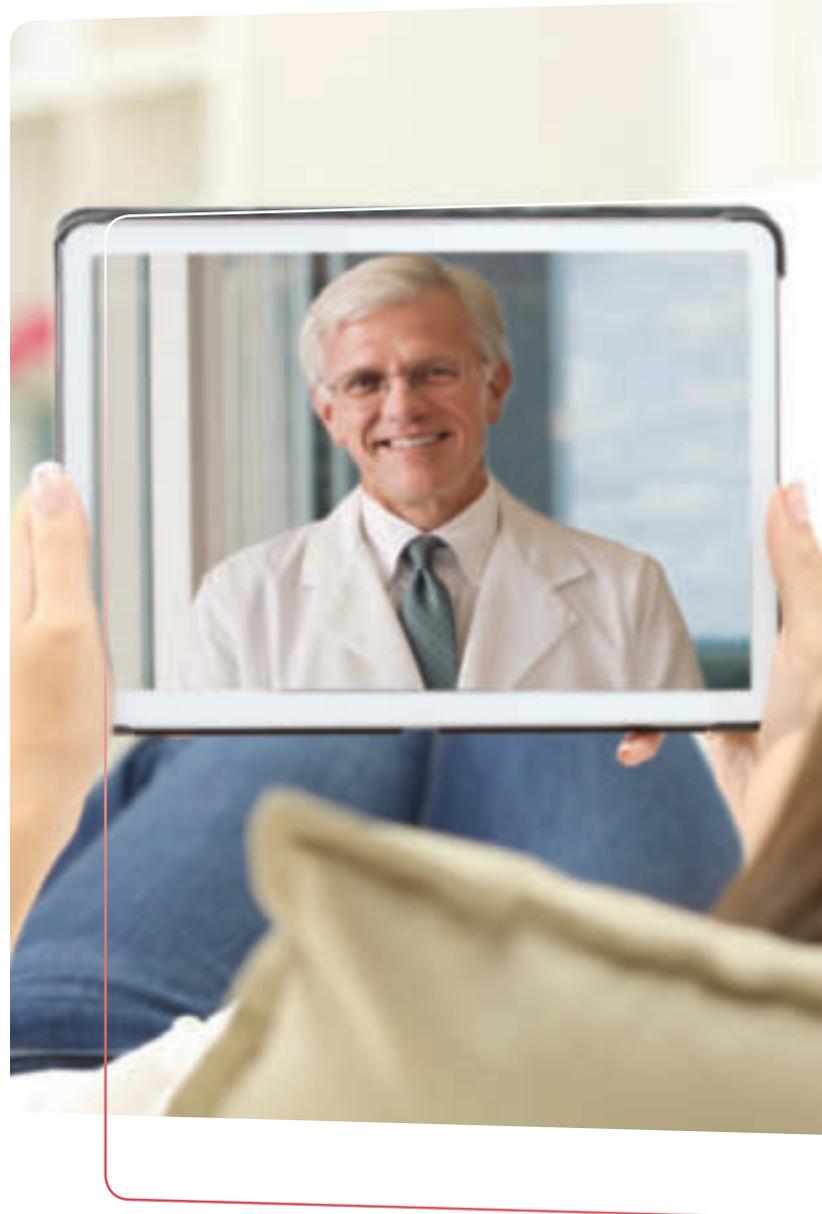
When you log into livehealthonline.com, the psychiatrists you see on the website are part of your plan. Make sure you select the state where you are to see the most current list of psychiatrists.

How old do I have to be to see a psychiatrist?

You must be 18 years old or older to schedule a visit.

What if I still have questions about using LiveHealth Online?

Send an email to customersupport@livehealthonline.com or call toll free at **1-888-548-3432**.



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

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



¹ Prescriptions determined to be a "controlled substance" (as defined by the Controlled Substances Act under federal law) cannot be prescribed using LiveHealth Online. Psychiatrists on LiveHealth Online will not offer counseling or talk therapy.
² Appointments subject to availability.

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

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

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A warm hello from Anthem Blue Cross and Blue Shield

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

If you ever get a phone call from us, don't worry — it's our way of letting you know we care about your health! We'll reach out to share important health information, appointment or health care reminders, or to let you know about a wellness program you may be eligible for. Our calls are always confidential, so you can feel comfortable talking with us.

We call with your best interest at heart.

You can talk with us about concerns, such as losing weight, quitting smoking, preparing for surgery or making healthier life choices. If you're expecting a baby, we might introduce you to a supportive program that can help you enjoy a healthier pregnancy. Best of all, these programs don't cost you a thing. And we'll always explain how they work with your benefits.

Keep in mind:

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

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

You can always reach out to us. We're here to help. Just call the Member Services number on the back of your ID card. We're here for you and want you to enjoy the best health possible. You deserve it.

Don't want to get a call? That's OK too, but you have to let us know. Just call the same Member Services number on the back of your ID card.

Our phone calls make a big difference

In fact, about 90% of people who talked with our health and wellness team members said they felt supported in making the best decisions.*

* 2017 Clinical Satisfaction Study.

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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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Meet your new health champion

Enhanced Personal Health Care doctors go above and beyond for you

Whether you go to the doctor rarely or often, you should find a primary care physician (PCP) you like and trust. Checking out Enhanced Personal Health Care (EPHC) doctors is a great way to start your search. Enhanced Personal Health Care professionals (including primary care doctors and other medical staff) have agreed to provide high-quality care and focus on your whole health — not just your symptoms. In fact, Anthem Blue Cross and Blue Shield members who choose an EPHC doctor are happier with their doctors and their overall health.*



Your Enhanced Personal Health Care doctor has agreed to go above and beyond and:

- Focus on preventing illnesses and helping you get healthy faster and stay healthy longer.
- Coordinate your overall health care to avoid any gaps in care. This entails things like setting up appointments with specialists to ensuring you're following your prescription plan and getting the right tests and screenings regularly.
- Help you avoid unnecessary medical services and tests, saving you money and reducing stress.
- Use specialized health information to help them better coordinate and manage your care.
- Be available to you 24/7 through extended office hours, after-hours call coverage and sometimes even online.
- Spend extra time with you to get to know you and your health goals.
- Contact you when you're due for a preventive exam or screening.



Choose the kind of professional who's right for you

- **Family practice/general practice** — These doctors offer a wide range of care, from check-ups to pregnancy care. This type of doctor might be a good choice if you want to keep all of your family members under the same doctor's care. A doctor who treats everyone in a family can sometimes get a better view of each person's health.
- **Internal medicine** — Internal medicine doctors mainly treat adults and offer a range of care, including preventive care. But they may have special knowledge about certain health problems. So if you have a long-term health problem, an internist who also focuses on that particular problem may be a good fit for you.
- **Pediatricians** care for infants, children, and adolescents.
- **Nurse practitioners and physician assistants** aren't doctors, but they've had lots of training. They can do many of the same things that doctors do.



Ready to find your Enhanced Personal Health Care doctor?

1. Log in or register at **anthem.com**.
2. Under **Find a Doctor**, enter your location and search distance. Be sure to select the boxes for *Able to serve as primary care physician (PCP)* and *Enhanced Personal Health Care*.
3. Choose **Search** and you'll see a list of available doctors near you.

* AEPHC Patient Experience Survey Results. In 2015, 2,751 EPHC patient interviews were conducted across four distinct EPHC patient populations. 746 interviews for non-EPHC Group. Analyses conducted across patient experience domains to identify performance of EPHC providers over time, and, comparative performance to non-EPHC providers.

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Take care of yourself

Use your preventive care benefits



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

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

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

Preventive vs. diagnostic care

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

Adult preventive care

Preventive physical exams

Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening*
- Eye chart test for vision²
- Hearing screening
- Height, weight and body mass index (BMI)
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years³
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

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

Women's preventive care:

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

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

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

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

Child preventive care

Preventive physical exams

Screening tests:

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

Immunizations:

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

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

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

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

⁴ Check your medical policy for details.

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

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

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



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

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

Getting set up for home delivery is easy:



Go online to get started.

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

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



Pay for your prescription.

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

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

Need help?

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



Send in your prescription.

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

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

A few important things to know

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



¹ Supplies vary based on your pharmacy plan design.

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

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 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.

National Drug List

Search www.anthem.com

1. Click on Individual & Family
2. Located Under Care click on “Search Medications”
3. Scroll down to National Drug List 3-Tier under the Formulary Drug List
4. Click National Drug List 3-Tier (Searchable)
5. Click on Prescribed Drug to view information/prior authorization form (if applicable)

OR

1. Click Individual & Family
2. Located Under Care click on “Search Medications”
3. Scroll to National Drug List 3-Tier under the Formulary Drug List
4. Click “Anthem Blue Cross and Blue Shield.pdf”, to get entire list

A search for alternatives can also be done on www.anthem.com

	<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"/>	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"/>		

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

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

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

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



Please fold here →

Please fold here →

Please fold here →

Please fold here →

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

First person with a refill or new prescription.

Spanish forms and labels

LAST NAME

FIRST NAME

M

Suffix (JR,SR)

NICKNAME

Gender: M F

Date of birth: MM-DD-YYYY

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

Doctor's last name

Doctor's first name

Doctor's phone #

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

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

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

Second person with a refill or new prescription.

Spanish forms and labels

LAST NAME

FIRST NAME

M

Suffix (JR,SR)

NICKNAME

Gender: M F

Date of birth: MM-DD-YYYY

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

Doctor's last name

Doctor's first name

Doctor's phone #

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

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

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

D Special instructions: _____

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

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

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

Use your card on file.

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

CARD NUMBER Exp. Date MMY Y

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

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

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

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

Credit card holder signature/Date

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

If you want faster delivery, choose:

2nd business day (\$17)

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

Next business day (\$23)

Expected processing time from receipt of this form:

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



Please fold here →

Please fold here →

Please fold here →

Please fold here →

Prescription Reimbursement Claim Form

Important!



- Allow up to 30 calendar days for processing to receive a response to your claim
- Keep a copy of all documents submitted for your records
- Do not staple receipts or attachments to this form
- Reimbursement is not guaranteed and may not equal the amount paid
- You must submit claims within 1 year of date of purchase or as required by your plan

STEP 1

Card Holder/Patient Information

This section must be fully completed to ensure proper reimbursement of your claim.

Card Holder Information

Identification Number (refer to your member ID card)

Group Number/Group Name

Last Name

First Name

MI

Address

Address 2

City

State

Zip

Country

Patient Information—Use a separate claim form for each patient

Last Name

First Name

MI

Date of Birth

Male

Female

Phone Number

Relationship to Primary Member

Member
 Spouse
 Child
 Other

Pharmacy Information—Use a separate claim form for each pharmacy

Pharmacy Name

Address

City

State

Zip

REQUIRED: Please check appropriate box for submitting a paper claim. Claim will be returned if incomplete. (Tape receipts and/or itemized bills on another sheet of paper)

Reason I am filing this form is:

- Claim rejected at pharmacy
- Compound
- Out of coverage area
- Other—provide reason below

PLEASE INDICATE:

State: _____

Other Insurance Information

Coordination of Benefits (COB)

Are any of these medicines being taken for an on-the-job injury?

YES NO

Is the medicine covered under any other group insurance?

YES NO

If YES, is other coverage:

PRIMARY SECONDARY
 MEDICARE PART D

If other coverage is PRIMARY, include the Explanation of Benefits (EOB) with this form.

Name of Insurance Company:

ID#: _____

Pharmacy Information Continued

Phone Number

Is this an on site nursing home pharmacy?

YES

NO

NCPDP/NPI Required

X

Signature of Pharmacist or Representative (REQUIRED)

Important! A signature is REQUIRED

NOTICE

Any person who knowingly and with intent to defraud, injure, or deceive any insurance company, submits a claim or application containing any materially false, deceptive, incomplete or misleading information pertaining to such claim may be committing a fraudulent insurance act which is a crime and may subject such person to criminal or civil penalties, including fines, denial of benefits, and/or imprisonment.

I certify that I (or my eligible dependent) have received the medicine described herein. I certify that I have read and understood this form, and that all the information entered on this form is true and correct.

X

Signature of Plan Participant (REQUIRED)

Date

STEP 2 Submission Requirements

You **MUST** include all original "pharmacy" receipts for your claim to be reviewed. Cash register receipts will **ONLY** be accepted for diabetic supplies. You may need to ask for a special receipt.

The minimum information that must be included on your pharmacy receipts is listed below:

- Patient Name
- Prescription Number
- Medicine NDC Number
- Date of Fill
- Amount and Type of Drug (4 tablets, for example)
- Total Charge
- Days Supply for your prescription (you need to ask your pharmacist for this "Days Supply" information)
- Pharmacy Name and Address or Pharmacy NCPDP Number

Please provide a valid Prescribing Physician's NPI: _____

Prescribing physician's information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone: _____

Additional comments: _____

STEP 3 Mail completed forms with receipts to:

Claims Department
P.O. Box 52065
Phoenix, AZ 85072-2065

OR

Fax completed forms with receipts to:

Fax: 401-404-6344

IMPORTANT REMINDER – To avoid having to submit a paper reimbursement claim form:

- Always have your ID card available at time of purchase
- Always use pharmacies within your plan
- Use medication from your preferred drug list
- Return to the pharmacy to request claim reprocessing and for reimbursement
- If problems are encountered at the pharmacy, call the Pharmacy Member Services number on your ID card



The legal stuff we're required to tell you

How we keep your information safe and secure

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

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

How we help manage your care

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

To learn more about how we help manage your care, go to [anthem.com/memberrights](https://www.anthem.com/memberrights). To request a printed copy, please contact your Benefits Administrator or Human Resources representative.

Special enrollment rights

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

Get the full details

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

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



Ready to choose your plan?

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.



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