



# ■ Ready to choose *your benefits?*

**We can point you in the right direction.**

Blue Access  
Roman Catholic Diocese of Gary  
Effective April 1, 2018



## Let's take a look

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

In this guide, you'll find:

- Your health care basics
- How to use your health plan
- Dental and vision benefits
- Your privacy and rights

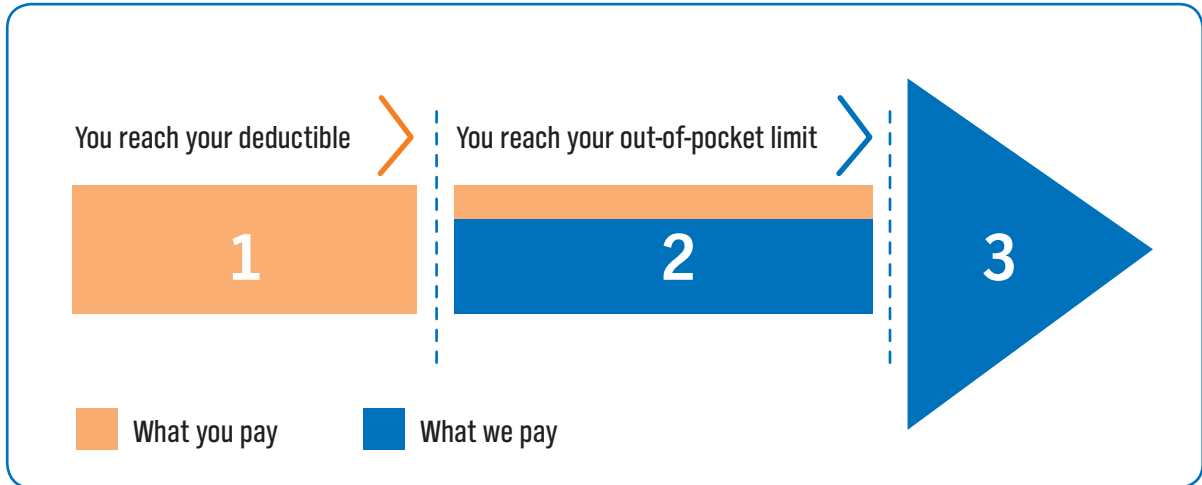
**Pay a visit to [anthem.com](https://anthem.com) to get an idea of what you can do once you're a member. Find a doctor, estimate care costs, sign up to get emails instead of mail and much more!**





# Know your health care basics

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



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



## You pay your deductible.

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



## What happens after I pay my deductible?

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



## What's an out-of-pocket limit?

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



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

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



# Using your health plan

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



## Use your ID card

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



## Anthem.com

Once your benefits begin and you access your ID card, register on **anthem.com** or on the Anthem Anywhere mobile app to get personalized information about your health plan.

- Find a doctor.
- Estimate your costs, before you step into the doctor's office.

Learn more at [anthem.com/guidedtour](https://anthem.com/guidedtour).



## You're covered when you travel

When you're away from home and need care right away, you have access to care across the country. Plus, if you're going out of the country, you have access to care abroad through the Blue Cross Blue Shield Global Core program.



## Save emergency room visits for emergencies only

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



## We're here for you

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

- **By phone:** Call the Member Services number on your mobile ID card.
- **Online:** Register at **anthem.com** or download the Anthem Anywhere mobile app to chat with a team member.



## Dental and Vision benefits

When you enroll, you'll probably need to sign up separately for the benefits in this section.

### Dental

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

### Vision

With Blue View Vision<sup>SM</sup>, you have access to over 36,000 doctors at over 27,000 locations across the country, including convenient retail stores like LensCrafters<sup>®</sup> Sears Optical<sup>SM</sup>, Target Optical<sup>®</sup>, JCPenney<sup>®</sup> Optical and most Pearle Vision<sup>®</sup> stores. You also can order glasses and contacts online through Glasses.com ([glasses.com](https://www.glasses.com)), ContactsDirect ([ContactsDirect.com](https://www.contactsdirect.com)) or 1-800-CONTACTS ([1800contacts.com](https://www.1800contacts.com)).



Your Anthem ID card gives you access to quality care from quality doctors.

# ■ Your plan details

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

***Roman Catholic Diocese Of Gary  
Blue Access<sup>SM</sup> (PPO)  
Summary of Benefits, Effective April 1, 2018***

**Please Note:** As we receive additional guidance and clarification from the U.S. Department of Health and Human Services, we may be required to make additional changes to your benefits

COVERED BENEFITS	NETWORK/NON-NETWORK (MEMBER'S RESPONSIBILITY)
<b>Deductible</b> (Single/Family) (Applies only to percent (%) copayments)	<b>\$1,150/\$2,300 Network \$1,500/\$3,000 Non-network.</b> Commingled Network/Non-network. Member only responsible for \$1,500 per calendar year.
<b>Out-of-Pocket Maximum</b> (Single/Family)	<b>\$3,000/\$6,000 Network \$5,000/\$10,000 Non-network.</b> Commingled Network/Non-network. Member only responsible for \$5,000 per calendar year.
<b>Office Services</b> • Including Allergy – testing and treatment – serum and injections <sup>1</sup>	\$25 Network/30% Non-network Per Visit
<b>Preventive Care</b>	\$25 Network/30% Non-network Per Visit. Included with no age or dollar limits; Non-network benefits apply. Preventive care includes: medical history, mammograms <sup>1</sup> , pelvic exams and Pap tests, immunizations <sup>1</sup> , routine and annual diabetic eye exams and hearing exams.
<b>Maternity Services</b>	10% Network/30% Non-network
<b>Inpatient Services</b>	10% Network/30% Non-network per admission
<b>Outpatient Facility Services</b>	10% Network/30% Non-network
<b>Professional/Home Care</b> (Inpatient/Outpatient)	10% Network/30% Non-network
<b>Skilled Nursing Facility</b>	10% Network/30% Non-network 120 day limit calendar year maximum Network/Non-network combined
<b>Emergency and Urgent Care:</b> <b>Emergency Care in ER Room</b> (covers all services, waived if admitted) <b>Urgent Care Facility</b>	<b>\$100 Network or Non-network</b> \$50 Network or Non-network
<b>Hospice/Ambulance</b>	Covered in full Network or Non-network
<b>Medical Supplies, Equipment and Appliances</b>	10% Network/10% Non-network
<b>Outpatient Therapy Visit Limits</b> (Limits apply to Network/Non-network combined visits.) <b>Physical/Occupational</b> <b>Spinal Manipulation</b> <b>Speech</b>	90 Network and Non-network combined visits; same copay as office services 24 Network and Non-network combined visits; same copay as office services 40 Network and Non-network combined visits; same copay as office services
<b>Mental Health and Substance Abuse</b> • Inpatient Facility Services • Inpatient Professional Services • Physician Home and Office Visits (PCP/SCP) • Other Outpatient Services, Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional	10% network/30% non-network 10% network/30% non-network \$25 network/30% non-network 10% network/30% non-network
<b>Lifetime Maximum</b>	Unlimited
<b>Human Organ and Tissue Transplants<sup>2</sup></b>	Covered in full Network/50% Non-network (Does not count toward out-of-pocket maximum)

**Notes:**

- The deductibles and copayments (except prescription drug and human organ and tissue transplants, excluding kidney and cornea) apply toward the out-of-pocket maximums.
- The deductible(s) apply only to covered services listed with a percentage (%) copayment.
- Network and Non-network deductibles and out-of-pocket maximums are not separate and do accumulate toward each other.
- Network and Non-network copayments do accumulate toward each other.
- Dependent age: to the end of the month which child attains age 26.
- Office services also includes office surgeries and preconception care/education.
- LiveHealth Online (LHO) is covered at PCP costshare.

<sup>1</sup>These covered services are covered in full if you have a flat dollar copayment and if rendered without an office services.

<sup>2</sup>Human organ and tissue transplants (except kidney and cornea) are covered in full Network; 50% Non-network. Does not count toward the out-of-pocket maximum. Kidney and cornea are covered same as any other illness.

**Precertification:**

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

**Pre-existing Exclusion Period: NONE****Grandfathered Health Plan**

Anthem Blue Cross and Blue Shield believes this plan is a “grandfathered health plan” under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections of the Affordable Care Act apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Anthem Blue Cross Blue Shield at the telephone number printed on the back of your member identification card, or contact your group benefits administrator if you do not have an identification card. For ERISA plans, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). This Web site has a table summarizing which protections do and do not apply to grandfathered health plans. For nonfederal governmental plans, you may also contact the U.S. Department of Health and Human Services at [www.healthcare.gov](http://www.healthcare.gov).

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



**Your Summary of Benefits**  
**Catholic Diocese of Gary**  
**Anthem Dental Complete**



**WELCOME TO YOUR DENTAL PLAN!**

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your certificate of coverage.

**Dental coverage you can count on**

Your Anthem dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose one within our large network.

**Savings beyond your dental plan benefits - you get more for your money.**

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

<b>YOUR DENTAL PLAN AT A GLANCE</b>		<b>In-Network</b>		<b>Out-of-Network</b>
<b>Annual Benefit Maximum</b> ▪ Per insured person	Calendar Year	\$1,000		\$1,000
<b>Annual Maximum Carryover</b>		Yes		Yes
<b>Orthodontic Lifetime Benefit Maximum</b> ▪ Per eligible insured person		\$1,000		\$1,000
<b>Annual Deductible (The Deductible does not apply to Orthodontic Services)</b> ▪ Per insured person ▪ Family maximum	Calendar Year	\$50 3X Individual		\$75 3X Individual
<b>Deductible Waived for Diagnostic/Preventive Services</b>		Yes		Yes
<b>Out-of-Network Reimbursement Options:</b>		70th percentile		
<b>Dental Services</b>		<b>In-Network Anthem Pays:</b>	<b>Out-of-Network Anthem Pays:</b>	<b>Waiting Period</b>
<b>Diagnostic and Preventive Services</b> ▪ Periodic oral exam ▪ Teeth cleaning (prophylaxis) ▪ Bitewing X-rays: 1X per 12 months ▪ Intraoral X-rays		100% Coinsurance	80% Coinsurance	No Waiting Period
<b>Basic Services</b> ▪ Amalgam (silver-colored) Filling ▪ Front composite (tooth-colored) Filling ▪ Back composite Filling, Covered as Composites ▪ Simple Extractions		50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Endodontics</b> ▪ Root Canal		50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Periodontics</b> ▪ Scaling and root planing		50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Oral Surgery</b> ▪ Surgical Extractions		50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Major Services</b> ▪ Crowns		50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Prosthodontics</b> ▪ Dentures ▪ Bridges ▪ Dental implants Standard - Covered		50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Prosthetic Repairs/Adjustments</b>		50% Coinsurance	50% Coinsurance	No Waiting Period
<b>Orthodontic Services</b> ▪ Dependent Children Only*		50% Coinsurance	50% Coinsurance	No Waiting Periods

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

\*Child orthodontic coverage begins at age eight and runs through age 18. This means that the child must have been banded between the ages of eight and 19 in order to receive coverage. If children are dependents until age 19, they can continue to receive coverage, but they must have been banded before age 19.

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### Emergency dental treatment for the international traveler

As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.\*\* With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

\*\* The International Emergency Dental Program is managed by DeCare Dental, which is an independent company offering dental-management services to Anthem Blue Cross Life and Health Insurance Company.

### Promoting healthy mouths for members who are pregnant or living with diabetes

If you are pregnant or living with diabetes, you can sign up to receive one additional dental cleaning or periodontal maintenance procedure per year.

### Finding a dentist is easy.

To select a dentist by name or location, do one of the following:

- Go to [anthem.com/mydentalvision](http://anthem.com/mydentalvision)
- Call Customer Service at the toll-free number listed on the back of your ID card.

### TO CONTACT US:

Call	Write
Refer to the toll-free number indicated on the back of your plan ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.	Refer to the back of your plan ID card for the address.

### Limitations & Exclusions

<p>Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.</p> <p><b>Diagnostic and Preventive Services</b></p> <p><b>Oral evaluations</b> (exam) Limited to two per Calendar Year</p> <p><b>Teeth cleaning</b> (prophylaxis) Limited to two per Calendar Year</p> <p><b>Intraoral X-rays, single film</b> Limited to four films per 12-month period</p> <p><b>Complete series X-rays</b> (panoramic or full-mouth) Coverage Every 3 Years</p> <p><b>Topical fluoride application</b> Limited to once every 12 months for members through age 18</p> <p><b>Sealants</b> Limited to first and second molars once every 24 months per tooth for members through age 15; sealants may be covered under Diagnostic and Preventive or Basic Services.</p> <p><b>Basic and/or Major Services***</b></p> <p><b>Fillings</b> Limited to once per surface per tooth in any 24 months</p> <p><b>Space Maintainers</b> Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16; Space Maintainers may be covered under Diagnostic and Preventive or Basic Services.</p> <p><b>Crowns</b> Limited to once per tooth in a seven-year period</p> <p><b>Fixed or removable prosthodontics – dentures, partials, bridges, tooth implants</b></p> <p>Covered once in any seven-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is seven years old or older and cannot be made serviceable.</p> <p><b>Root canal therapy</b> Limited to once per lifetime per tooth; coverage is for permanent teeth only.</p> <p><b>Periodontal surgery</b> Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater</p> <p><b>Periodontal scaling and root planing</b> Limited to once per quadrant in 36 months when the tooth pocket has a depth of four millimeters or greater</p> <p><b>Brush Biopsy</b> Not Covered</p> <p><b>***Waiting periods</b> for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.</p> <p>There is a 12-month waiting period for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.</p> <p><b>ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES</b></p> <p><b>Orthodontia</b> Limited to one course of treatment per member per lifetime</p>	<p><b>Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your certificate of coverage for a full list.</b></p> <p><b>Services provided before or after the term of this coverage</b></p> <p><b>Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate</b></p> <p><b>Orthodontics (unless included as part of your dental plan benefits)</b> Orthodontic braces, appliances and all related services</p> <p><b>Cosmetic dentistry</b> Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist</p> <p><b>Drugs and medications</b> Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care</p> <p>Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.</p> <p><b>Extractions</b> - Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member</p>
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The in-network dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Anthem Blue Cross Life and Health Insurance Company.



### **Choice of dentists**

While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit an out-of-network dentist.

### **Here's why:**

In-network dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, out-of-network dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the "maximum allowed amount" – and the amount they usually charge for a service. When they bill you for this difference, it's called "balance billing."

### **How Anthem dental decides on maximum allowed amounts**

For services from an out-of-network dentist, the maximum allowed amount is determined in one of the following ways:

- Out-of-network dental fee schedule/rate developed by Anthem, which may be updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data
- Information provided by a third-party vendor that shows comparable costs for dental services
- In-network dentist fee schedule

### **Here's an example of higher costs for out-of-network dental services**

This is an example only. Your experience may be different, depending on your insurance plan, the services you receive and the dentist who provides the services.

Ted gets a crown from an out-of-network dentist, who charges \$1,200 for the service and bills Anthem for that amount.

Anthem's maximum allowed amount for this dental service is \$800. That means there will be a \$400 difference, which the dentist can "balance bill" Ted.

Since Ted will also need to pay \$400 coinsurance, the total he'll pay the out-of-network dentist is \$800.

Here's the math:

- Dentist's charge: \$1,200
- Anthem's maximum allowed amount: \$800
- Anthem pays 50%: \$400
- Ted pays 50% (coinsurance): \$400
- Balance Ted owes the provider:  $\$1,200 - \$800 = \$400$
- Ted's total cost:  $\$400 \text{ coinsurance} + \$400 \text{ provider balance} = \$800$

In the example, if Ted had gone to an in-network dentist, his cost would be only \$400 for the coinsurance because he would not have been "balance billed" the \$400 difference.

**Your Summary of Benefits**  
**Catholic Diocese of Gary**  
**Anthem Dental Prime**



**WELCOME TO YOUR DENTAL PLAN!**

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your certificate of coverage.

**Dental coverage you can count on**

Your Anthem dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose one within our large network.

**Savings beyond your dental plan benefits - you get more for your money.**

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE		In-Network		Out-of-Network			
Annual Benefit Maximum ▪ Per insured person		Calendar Year		\$1,000 No	\$1,000 No		
Annual Maximum Carryover				No	No		
Orthodontic Lifetime Benefit Maximum ▪ Per eligible insured person				N/A	N/A		
Annual Deductible ▪ Per insured person ▪ Family maximum		Calendar Year		\$0 No Limit	\$100 3X Individual		
Deductible Waived for Diagnostic/Preventive Services				Yes	Yes		
Out-of-Network Reimbursement Options:		Prime (MAC)					
Dental Services		In-Network Anthem Pays:		Out-of-Network Anthem Pays:		Waiting Period	
Diagnostic and Preventive Services ▪ Periodic oral exam ▪ Teeth cleaning (prophylaxis) ▪ Bitewing X-rays: 1X per 12 months ▪ Intraoral X-rays		100% Coinsurance		50% Coinsurance		No Waiting Period	
Basic Services ▪ Amalgam (silver-colored) Filling ▪ Front composite (tooth-colored) Filling ▪ Back composite Filling, Alternated to Amalgam Benefit ▪ Simple Extractions		80% Coinsurance		50% Coinsurance		No Waiting Period	
Endodontics ▪ Root Canal		50% Coinsurance		25% Coinsurance		No Waiting Period	
Periodontics ▪ Scaling and root planing		50% Coinsurance		25% Coinsurance		No Waiting Period	
Oral Surgery ▪ Surgical Extractions		50% Coinsurance		25% Coinsurance		No Waiting Period	
Major Services ▪ Crowns		50% Coinsurance		25% Coinsurance		No Waiting Period	
Prosthodontics ▪ Dentures ▪ Bridges ▪ Dental implants Not Covered		50% Coinsurance		25% Coinsurance		No Waiting Period	
Prosthetic Repairs/Adjustments		50% Coinsurance		25% Coinsurance		No Waiting Period	
Orthodontic Services ▪ None		Not Covered		Not Covered		N/A	

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### Emergency dental treatment for the international traveler

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\*\* The International Emergency Dental Program is managed by DeCare Dental, which is an independent company offering dental-management services to Anthem Blue Cross Life and Health Insurance Company.

### Finding a dentist is easy.

To select a dentist by name or location, do one of the following:

- Go to [anthem.com/mydentalvision](http://anthem.com/mydentalvision)
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### TO CONTACT US:

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Refer to the toll-free number indicated on the back of your plan ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.	Refer to the back of your plan ID card for the address.

### Limitations & Exclusions

Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.

#### Diagnostic and Preventive Services

**Oral evaluations** (exam) Limited to two per Calendar Year

**Teeth cleaning** (prophylaxis) Limited to two per Calendar Year

**Intraoral X-rays, single film** Limited to four films per 12-month period

**Complete series X-rays** (panoramic or full-mouth) Coverage Every 3 Years

**Topical fluoride application** Limited to once every 12 months for members through age 18

**Sealants** Limited to first and second molars once every 24 months per tooth for members through age 15; sealants may be covered under Diagnostic and Preventive or Basic Services.

#### Basic and/or Major Services\*\*\*

**Fillings** Limited to once per surface per tooth in any 24 months

**Space Maintainers** Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16; Space Maintainers may be covered under Diagnostic and Preventive or Basic Services.

**Crowns** Limited to once per tooth in a seven-year period

#### Fixed or removable prosthodontics – dentures, partials, bridges

Covered once in any seven-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is seven years old or older and cannot be made serviceable.

**Root canal therapy** Limited to once per lifetime per tooth; coverage is for permanent teeth only.

**Periodontal surgery** Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater

**Periodontal scaling and root planing** Limited to once per quadrant in 36 months when the tooth pocket has a depth of four millimeters or greater

**Brush Biopsy** Not Covered

\*\*\*Waiting periods for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.

There is a 12-month waiting period for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

### Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your certificate of coverage for a full list.

#### Services provided before or after the term of this coverage

Services received before your effective date or after your coverage ends, unless otherwise specified in the dental plan certificate

**Orthodontics (unless included as part of your dental plan benefits)** Orthodontic braces, appliances and all related services

**Cosmetic dentistry** Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

**Drugs and medications** Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

**Extractions** - Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member

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In-network dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, out-of-network dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the "maximum allowed amount" – and the amount they usually charge for a service. When they bill you for this difference, it's called "balance billing."

### **How Anthem dental decides on maximum allowed amounts**

For services from an out-of-network dentist, the maximum allowed amount is determined in one of the following ways:

- Out-of-network dental fee schedule/rate developed by Anthem, which may be updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data
- Information provided by a third-party vendor that shows comparable costs for dental services
- In-network dentist fee schedule

### **Here's an example of higher costs for out-of-network dental services**

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Ted gets a crown from an out-of-network dentist, who charges \$1,200 for the service and bills Anthem for that amount.

Anthem's maximum allowed amount for this dental service is \$800. That means there will be a \$400 difference, which the dentist can "balance bill" Ted.

Since Ted will also need to pay \$400 coinsurance, the total he'll pay the out-of-network dentist is \$800.

Here's the math:

- Dentist's charge: \$1,200
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- Anthem pays 50%: \$400
- Ted pays 50% (coinsurance): \$400
- Balance Ted owes the provider:  $\$1,200 - \$800 = \$400$
- Ted's total cost:  $\$400 \text{ coinsurance} + \$400 \text{ provider balance} = \$800$

In the example, if Ted had gone to an in-network dentist, his cost would be only \$400 for the coinsurance because he would not have been "balance billed" the \$400 difference.

## Welcome to your Blue View Vision plan!

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

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

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	\$10 copay	Up to \$42 reimbursement	Once every calendar year
Eyeglass Frames			
One pair of eyeglass frames	\$130 allowance, then 20% off any remaining balance	Up to \$45 reimbursement	Once every two calendar years
Eyeglass Lenses (instead of contact lenses)			
One pair of standard plastic prescription lenses:			
• Single vision lenses	\$25 copay	Up to \$40 reimbursement	Once every calendar year
• Bifocal lenses	\$25 copay	Up to \$60 reimbursement	
• Trifocal lenses	\$25 copay	Up to \$80 reimbursement	
Eyeglass Lens Enhancements			
When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.			
• Transitions® Lenses (for a child under age 19)	\$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
• Standard polycarbonate (for a child under age 19)	\$0 copay		
• Factory scratch coating	\$0 copay		
Contact Lenses (instead of eyeglass lenses)			
Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
• Elective conventional (non-disposable)	\$130 allowance, then 15% off any remaining balance	Up to \$105 reimbursement	Once every calendar year
OR			
• Elective disposable	\$130 allowance (no additional discount)	Up to \$105 reimbursement	
OR			
• Non-elective (medically necessary)	Covered in full	Up to \$210 reimbursement	

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

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

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

**Excess Amounts.** Amounts in excess of covered vision expense.

**Sunglasses.** Plano sunglasses and accompanying frames.

**Safety Glasses.** Safety glasses and accompanying frames.

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

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

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

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



OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
<b>Retinal Imaging</b> - at member's option can be performed at time of eye exam		Not more than \$39
<b>Eyeglass lens upgrades</b> When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> <li>• <b>Transitions</b> lenses (Adults)</li> <li>• Standard Polycarbonate (Adults)</li> <li>• Tint (Solid and Gradient)</li> <li>• UV Coating</li> <li>• Progressive Lenses<sup>1</sup> <ul style="list-style-type: none"> <li>• Standard</li> <li>• Premium Tier 1</li> <li>• Premium Tier 2</li> <li>• Premium Tier 3</li> </ul> </li> <li>• Anti-Reflective Coating<sup>2</sup> <ul style="list-style-type: none"> <li>• Standard</li> <li>• Premium Tier 1</li> <li>• Premium Tier 2</li> </ul> </li> <li>• Other Add-ons</li> </ul>	\$75 \$40 \$15 \$15 \$65 \$85 \$95 \$110 \$45 \$57 \$68 20% off retail price
<b>Additional Pairs of Eyeglasses</b> Anytime from any Blue View Vision network provider.	<ul style="list-style-type: none"> <li>• Complete Pair</li> <li>• Eyeglass materials purchased separately</li> </ul>	40% off retail price 20% off retail price
<b>Eyewear Accessories</b>	<ul style="list-style-type: none"> <li>• Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc.</li> </ul>	20% off retail price
<b>Contact lens fit and follow-up</b> A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> <li>• Standard contact lens fitting<sup>3</sup></li> <li>• Premium contact lens fitting<sup>4</sup></li> </ul>	Up to \$55 10% off retail price
<b>Conventional Contact Lenses</b>	<ul style="list-style-type: none"> <li>• Discount applies to materials only</li> </ul>	15% off retail price

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

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

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

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

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

GLASSES.com

contactsdirect



OPTICAL



JCPenney | optical

#### ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM \*

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

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

#### OUT-OF-NETWORK

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

**To Fax:** 866-293-7373  
**To Email:** oonclaims@eyewearspecialoffers.com  
**To Mail:** Blue View Vision  
 Attn: OON Claims  
 P.O. Box 8504  
 Mason, OH 45040-7111

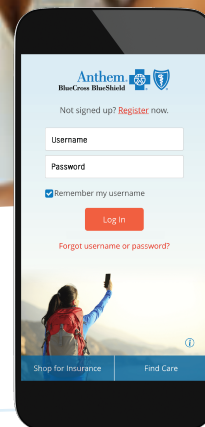
Transitions and the swirl are registered trademarks of Transitions Optical, Inc.

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# You've got quick access to your health care!

Register on [anthem.com](https://www.anthem.com) or the Anthem Anywhere mobile app.\*



## From your computer



Go to [anthem.com](https://www.anthem.com) and select the  icon above  
**Already a member? Sign in here.**



Provide the personal information requested



Create a username and password



Set your email preferences



Follow the prompts to complete your registration

## From your mobile device



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



Confirm your identity



Create a username and password



Set your email preferences



Follow the prompts to complete your registration



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

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

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# 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:

### If you're a member


Go to [anthem.com](http://anthem.com), select the member icon  and log in.

Under *Useful Tools* on the right, select **Find a Doctor**.

1

### If you're not a member yet

Go to [anthem.com](http://anthem.com).

Select **Menu**  and then choose **Find a Doctor**.



Next, select a type of doctor, place or name.  
Select **Search**.

2

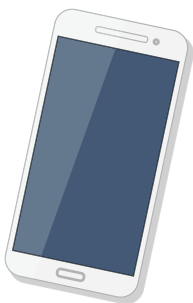
First answer a few questions, so we can help find you the right plan and doctor in your plan. Then enter or select the plan/network\*.

Next, select a type of doctor, place or name.  
Select **Search**.

3

Select 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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# You have choices

that can save you a lot

## Estimate your health care costs and see your options

Sometimes, the cost of health care can be more than what you expect when you need a procedure, service or lab work. But when you know what your cost will be ahead of time, you can plan ahead. With our Estimate Your Cost tool, you can find out costs and compare facilities and providers based on cost and quality ratings for procedures – before you get them. It puts you in control of where and how you spend your health care dollars.

## Don't pay too much

Use the Estimate Your Cost tool to **get an idea of what you'll pay** before you get a procedure.

Peace of mind comes when you plan ahead. The Estimate Your Cost tool was designed to help you feel better about where you go for care.

## The Estimate Your Cost tool is easy to use

Just follow these steps to get the information you want:

1. Log in to **anthem.com**.

2. Choose **Estimate Your Cost**.

3. Enter the location you want, how far you want to travel and the procedure needed. Then, choose **Search Cost Estimates**.

4. Agree to the **Terms of Use** and choose **Submit**.

5. Take a look at the list of providers in our network and the estimated costs for the procedure.



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

Starting 1/1/2018 you can also meet with board-certified Psychiatrists using LiveHealth Online!



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.

## 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 \$49 or less for medical doctor visits, and a 45-minute therapy or psychiatry session usually costs the same as an office visit.

## 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.<sup>1</sup> 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.**<sup>2</sup> 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** seven days a week.
- **Consult a board-certified psychiatrist within two weeks.**<sup>3</sup> 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** seven days a week.

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

Go to [livehealthonline.com](https://livehealthonline.com) or download the app and register on your phone or tablet.



1 Prescription availability is defined by physician judgment and state regulations. Visit the home page of [livehealthonline.com](https://livehealthonline.com) to view the service map by state.

2 Appointments subject to availability of a therapist.

3 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. 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.

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

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# 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.<sup>1</sup> As long as you see a doctor or use a pharmacy in the plan, you won't have to pay anything for these services and immunizations. If you want to visit a doctor or pharmacy 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 vision<sup>2</sup>
- 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 years<sup>3</sup>
- 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 met<sup>4</sup>
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling<sup>5,6,7</sup>
- 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 screening<sup>6</sup>
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression<sup>6</sup>
- 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 visit<sup>2</sup>

#### Immunizations:

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

<sup>1</sup> 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.

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

<sup>3</sup> You may be required to get preapproval for these services.

<sup>4</sup> Check your medical policy for details.

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

<sup>6</sup> This benefit also applies to those younger than age 19.

<sup>7</sup> 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.

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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.

# BlueCard® PPO Program

## Your health care benefits go where you go

**PPO benefits and access to most doctors and hospitals across the country**



### **Our PPO**

Our PPO is a preferred provider organization (PPO) health care benefit plan. PPOs use a network of hospitals and doctors. With our PPO, you have the choice to see any provider you wish, but your benefits cover more when you use in-network doctors and hospitals.

### **BlueCard PPO**

But what happens if you travel out of state? That's where the BlueCard PPO program comes in. BlueCard PPO lets you see providers across the country. In fact, more than 90% of hospitals and 80% of doctors across the U.S. contract with Blue Cross and Blue Shield plans.<sup>1</sup>

As a PPO member, you pay less out of your pocket — and we cover more — when you get care from Blue plan in-network doctors and hospitals.

### **Coast-to-coast coverage**

Doctors and hospitals across the country recognize the "PPO-in-a-suitcase" symbol on your member ID card. It shows that you are a BlueCard PPO member so you can use your PPO benefits wherever you live and whenever you travel.

### **Seeing a PPO provider is easy**

Finding a PPO health care provider is easy. Simply call the number on the back of your ID card to get the names

and addresses of the nearest BlueCard PPO providers. You can also search for doctors and hospitals by going to [anthem.com](http://anthem.com) and using the "Find a Doctor" tool.

### **Picking an in-network doctor makes life easier**

While you can pick an in-network or non-network doctor each time you need care, seeing an in-network doctor you trust means:

- Better coordination of your care
- Spending less money out of your pocket
- Less forms and paperwork to fill out

### **Is it an emergency or urgent care?**

To get the most out of your benefits, you should know the difference between an emergency and urgent care. It's important to know what steps to take, so you're ready if you have an emergency or need urgent care.

### **Emergency care**

Emergencies are medical conditions that are a serious risk to your health. Here are a few questions to ask yourself:

- Are my symptoms severe and/or life-threatening?
- Did they happen all of a sudden and without any warning?

- Is there a lot of bleeding, extreme pain, shortness of breath or broken bones?
- Using my best judgment, do I believe there may be serious impairment to bodily functions or serious dysfunction of a bodily organ/part without getting medical care right away?

If you answered "yes" to any of these questions, call 911 or go to the nearest emergency room.

### **Urgent care**

While both urgent and emergency care situations are serious, urgent care is for medical symptoms, pain or conditions that need immediate medical attention, but *are not severe or life-threatening and do not require you to go to a hospital or ER.*

Urgent care conditions include, but are not limited to:

- Earaches
- Sore throats
- Rashes
- Sprained ankles
- The flu
- Fevers not higher than 104°



## Take your benefits with you when you travel

Your ID card, with the "PPO-in-a-suitcase" symbol, is your key to getting your benefits and saving money.

By following the steps in the box at the right, your PPO health care benefits stay with you across the country.

### ***Precertification: the most important step***

Precertification is when you need approval from us before receiving certain care and services. Precertification helps you to:

- Get care in the right place
- Meet your plan's rules for what is medically necessary care

Have your provider call us if precertification is required. Prior to the procedure, make sure you call the Member Service number on the back of your ID card to confirm the precertification has been applied.

### ***Emergency care***

Precertification is not required for emergency treatment or admissions. However, authorization is still required. You or a family member must tell us within 24 hours (48 hours for members in Indiana), or as soon as reasonably possible. If you do not let us know, we will not pay for services that we find are not medically necessary.

**For more information or to determine if your service or equipment requires precertification, please call the Member Service number on the back of your member ID card.**

## We're here to help

If you have questions or need help, please call Customer Service. Our number is on your ID card. We're here to help you get the most from your health care benefits.

### ***Your steps to coast-to-coast care***

1. Always carry your current ID card.
2. When you need health care, call the number on your ID card to find the nearest BlueCard PPO doctors or hospitals.
3. You must call us for precertification. Use the phone number on your ID card.
4. When you are at the doctor's office or the hospital, show them your ID card and the doctor or hospital will check to make sure you are a member and verify your benefits.
5. After you get medical care, your claim is sent to us electronically for processing.
6. Your in-network BlueCard PPO doctors and hospitals are paid directly, so you have less to worry about. You will normally only need to pay for out-of-pocket costs (noncovered services, deductible, copayment or coinsurance). We will send you a detailed Explanation of Benefits (EOB) that will show what you need to pay out of your pocket.



1 Blue Cross and Blue Shield Association, *About the Blue Cross and Blue Shield Association* (accessed May 2011): [bcbs.com/about/](http://bcbs.com/about/)

For Administrative Services Only accounts, Anthem Blue Cross and Blue Shield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. This plan overview is intended to be a brief outline of coverage and is not a contract. In case of any conflict between this overview and the plan document, the provisions of the plan document will prevail.

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## Healthcare coverage when you are traveling or living abroad

As a Blue Cross and Blue Shield member, you take your healthcare benefits with you when you are abroad. Through the Blue Cross Blue Shield Global Core program, you have access to doctors and hospitals around the world.

### To take advantage of the program:

- Always carry your current member ID card.
- Before you travel, contact your Blue Cross and Blue Shield (BCBS) company for coverage details. Coverage outside the United States may be different.
- If you need to locate a doctor or hospital, call the Service Center for Blue Cross Blue Shield Global Core (see number below). An assistance coordinator, in conjunction with a medical professional, will arrange a physician appointment or hospitalization if necessary.
- If you need inpatient care, call the Service Center (see number below) to arrange direct billing. In most cases, you should not need to pay upfront for inpatient care except for the out-of-pocket expenses (noncovered services, deductible, copayment and coinsurance) you normally pay. The hospital should submit the claim on your behalf.
- In addition to contacting the Service Center, call your BCBS company for precertification or preauthorization. Refer to the phone number on the back of your member ID card. *Note: This number is different from the phone number listed below.*
- For outpatient and doctor care or inpatient care not arranged through the Service Center, you may need to pay upfront. Complete a Blue Cross Blue Shield Global Core International claim form and send it with the bill(s) to the Service Center (the address is on the form). You can also submit your claim online or through the Blue Cross Blue Shield Global Core mobile app. The claim form is available from your BCBS company or online at [www.bcbsglobalcore.com](http://www.bcbsglobalcore.com).

**In an emergency, go directly to the nearest hospital.**

### To learn more about Blue Cross Blue Shield Global Core:

- Visit [www.bcbsglobalcore.com](http://www.bcbsglobalcore.com).
- Use the Blue Cross Blue Shield Global Core app for Android\*, iPhone, and iPod touch.\*\* (Rates from your wireless provider may apply).
- Call your BCBS company.
- Call the Service Center at 1.800.810.2583 or collect at 1.804.673.1177, 24 hours a day, seven days a week.

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

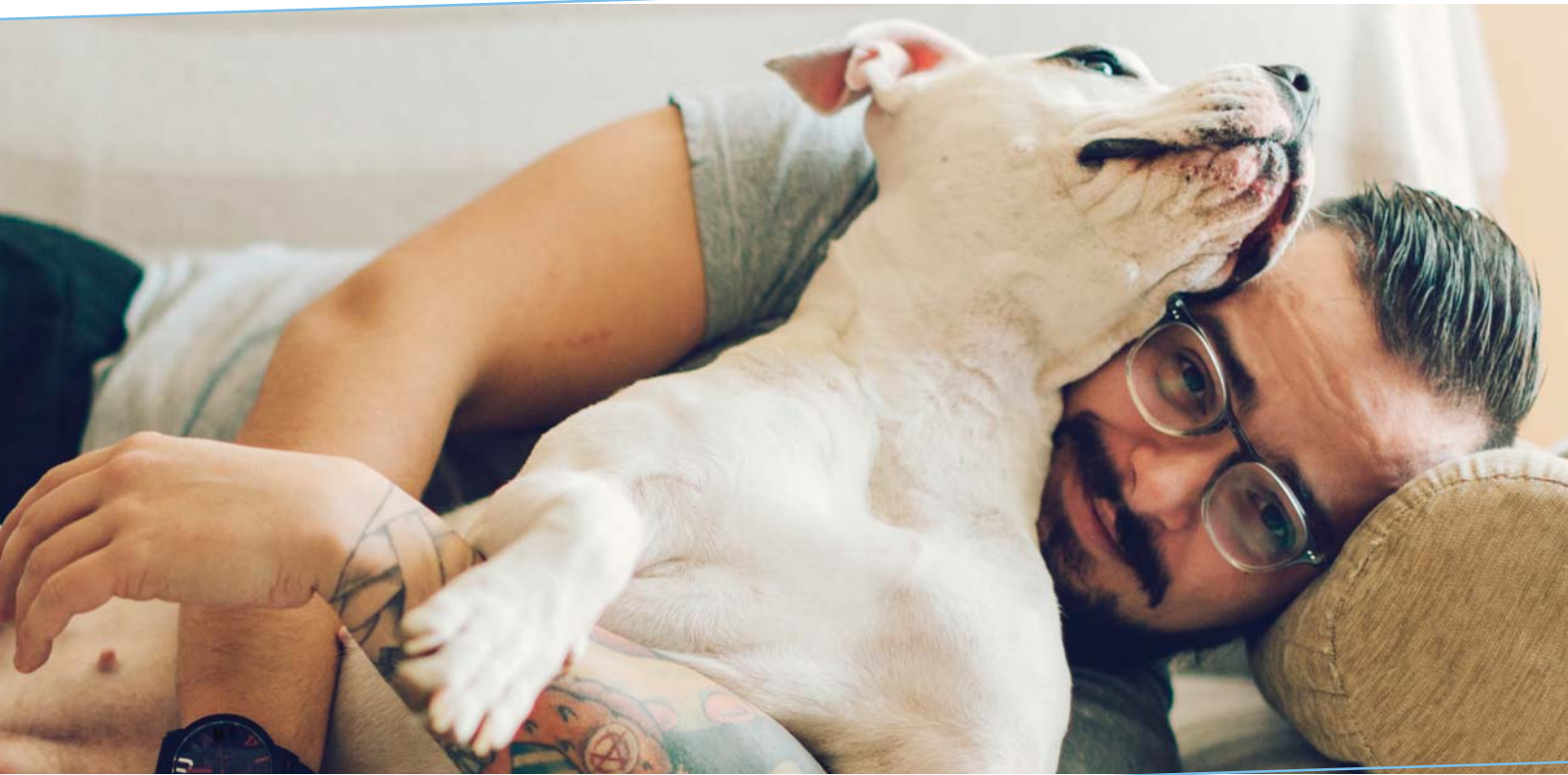
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**TheBlueCard®**  
Now, Home Is Where The Card Is®

# Use these smart tips

to get the most out of your benefits and **save money**



Look inside for helpful tips to get more from your benefits and save money on your health care.  
You can find more useful information at **[anthem.com](https://www.anthem.com)**.

## Plan for your care before you get it

There are plenty of ways for you to save money on your care whether you need to see a doctor for an office visit or have surgery. A little planning can actually help you save a lot.



### Tip #1

#### Find doctors, hospitals or other health care providers in your plan

Providers in your plan work with us to make sure your share of the cost is lower when you get care from them. Check out these three ways to find one:

1. Log in to **anthem.com** from your smartphone, computer or tablet. Then choose **Find a Doctor**.
2. Use our Anthem Anywhere app and choose **Find a Doctor**.
3. Call the Customer Service number on your member ID card.

### Tip #2


#### Compare costs for providers and see ratings too

Did you know different hospitals and facilities charge different amounts for the same service? Find out your cost before you get care by using our **Estimate Your Cost** tool at **anthem.com** to compare prices. Then you can choose a provider that fits your budget. The tool has ratings for most of the providers too.

### Tip #3

#### Save money by using certain labs for blood work and tests

A reference lab is one not affiliated with a hospital or a doctor's office. They offer the same services as the affiliated labs, but cost you less. Find one near you. Here's how:

1. Log in to **anthem.com**. If you haven't registered yet, choose the  icon and select **Registration**.
2. Choose **Find a Doctor**.
3. Under "I'm looking for a," choose **Lab/Pathology/Radiology**.
4. Pick **Laboratories** from the "Who specializes in" list.
5. Enter your location.
6. Choose **Search**.
7. On the results page, you'll see "Reference Laboratory" under the lab's name.

### Tip #4

#### Ask your doctor where to get high-quality, lower-cost X-rays

We give your doctor quality and cost information for radiology centers in your area. If you need an MRI or other X-ray services, you and your doctor can use this list together to choose the right radiology center for you.

## Only use the ER for **true emergencies**

Going to the emergency room (ER) can cost you a lot of money and time. For minor cuts and sprains, ear or throat infections, and other less-serious health issues, you'll get care faster and pay less when you visit your regular doctor or use an urgent care center, retail health clinic, walk-in doctor's office or **LiveHealth Online**. Compare these care options at [anthem.com](https://www.anthem.com).



### Tip #5

#### Try an urgent care center

Urgent care centers are staffed with family, pediatric, ER and internal medicine doctors. They treat certain conditions right away that are not as severe as emergencies.

### Tip #6

#### Check out a retail health clinic for minor care

Retail health clinics are often found in major pharmacies or drugstores. They have physician assistants and nurse practitioners onsite to treat basic health concerns.

### Tip #7

#### Go to a walk-in doctor's office

These are usually family practice doctors who treat all types of conditions even if you're not a regular patient or have an appointment. Many are open weekends and evenings.

### Tip #8

#### Use LiveHealth Online to see a doctor in minutes – 24/7

You can have a secure, video visit with a board-certified doctor on your smartphone, tablet or computer (as long as it has a webcam). This service works with your Anthem insurance, and costs, at most, \$49 – even for non-Anthem members. Register at [livehealthonline.com](https://livehealthonline.com) or get the app.

#### Download the LiveHealth Online app today



## Still not sure where to go?

Let a nurse help you decide. Call 24/7 NurseLine.  
The number is on the back of your member ID card.





## Save money on your medicine


Drug prices can vary from place to place and generics are much cheaper than brand-name drugs. Comparing costs and taking an active role in the medicine you get can put money back in your pocket.



### Tip #9

#### Shop around for the lowest drug costs

You can save by comparing costs at **anthem.com** before you fill your prescription. (Check your benefits for exceptions.) And, you can save more when you use drugs on the Anthem drug list. Here's how to find the list:

1. Go to **anthem.com**.
2. Select  **Menu** in the upper-left corner.
3. Choose **Search Medications**.

### Tip #10

#### Go generic

Generic drugs generally work as well as brand-name. The Food and Drug Administration requires them both to have the same active ingredients, strength and dose. Ask your doctor if generics are right for you. If not, your doctor may know of other brand-names that cost less. If you qualify for our **GenericSelect program**, we'll waive your copay the first time you fill a new prescription with a generic. Call the pharmacy number on your member ID card to find out if you qualify.

### Tip #11


#### Use over-the-counter drugs when you can

You don't need a prescription for over-the-counter drugs. They often have the same active ingredients as prescription drugs and cost a lot less. Check with your doctor before you switch.

### Tip #12

#### Try out the Half Tablet program

Save money without changing drugs. Instead, get your current medicine on the Half Tablet program drug list prescribed at double the strength. Then, use a tablet splitter to cut the pills in half. You can save up to 50% off your copay. Call the pharmacy number on your member ID card to see if you qualify. To find the Half Tablet program drug list:

1. Go to **anthem.com**.
2. Select  **Menu** in the upper-left corner.
3. Choose **Search Medications**.

## Protect your health


Getting routine care can help prevent diseases and find illnesses early – when they're easier to treat. And, the best prevention is living as healthy as possible by eating nutritious foods, drinking water, staying active and sleeping well.



### Tip #13

#### Get preventive care

You're 100% covered for checkups, flu shots and some cancer screenings, as long as you see a doctor in your plan. To find one:

1. Go to **anthem.com**.
2. Select  **Menu** in the upper-left corner.
3. Choose **Find a Doctor**.

### Tip #14

#### Use our free health and wellness programs

Get help with an ongoing health problem, or have a coach help you get fit, lose weight or quit smoking. Start by taking the Health Assessment at [anthem.com](https://www.anthem.com) to see how your health is now and which programs could help you.

According to the Centers for Disease Control and Prevention:  
**If everyone in the U.S. received recommended clinical preventive care, we could save over**

**100,000**  
**lives each year<sup>1</sup>**

## Keep track of it all on your computer or on the move

You can truly take charge of your health care and become an expert on your benefits using our website or mobile app.



## Tip #15

### Find what you need at anthem.com

There's expert information on all kinds of health topics and you can find doctors and hospitals in your plan, whether they're nearby or across the country. You can print a temporary member ID card or order more.

When you sign up to get documents electronically instead of in the mail, you can see your explanation of benefits and claims anytime you want to online.

## Tip #16

### Download the Anthem Anywhere app for help on the go

You can log in and see your plan information. Plus, you can find a doctor in your plan as well as nearby urgent care and hospitals with maps and driving directions to get you there. And you can pull up your member ID card on your smartphone.

Get the free Anthem Anywhere app today



## Keep an eye on your explanation of benefits

When you get one, make sure it's right and only lists care you got. If you're unsure about a charge, call the Customer Service number on your member ID card.



# Live life to the fullest – without paying full price



## Save money with discounts at anthem.com

Saving money is good. Saving money on things that are good for you — that's even better. With SpecialOffers, you can get discounts on products and services that help promote better health and well-being.\* It's just one of the perks of being a member. Check out how much you can save:

### Vision and hearing

**Glasses.com™ and 1-800-CONTACTS®** — Get the latest, brand-name frames for just a fraction of the cost at typical retailers — every day. Plus, you get an additional \$20 off orders of \$100 or more, free shipping and free returns.

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

**Nations Hearing** — Get hearing screenings and in-home service at no additional cost, and up to 50% off all hearing aids from Nations Hearing, powered by the Beltone network.

**Hearing Care Solutions** — Digital instruments starting at \$500. Free hearing exam. Thirty-one hundred locations and eight manufacturers. Three-year warranty, two years of batteries, unlimited visits for one year, from Hearing Care Solutions.

### Fitness and health

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

**FitBit** — Find your fit! Save on a special selection of trackers from Fitbit.

**Jenny Craig®** — Receive a free 3 month program and \$70 in food savings OR save 50% off premium programs (food costs separate). With one on one support and nearly 100 Jenny Craig foods, you can lose three times more weight than dieting on your own with Jenny Craig's scientifically proven program. Restrictions apply.

**Lindora®** — Save up to 45% on medical weight loss programs, one of the safest and most effective ways to achieve rapid weight loss.

**SelfHelpWorks** — Choose one of the online Living programs and save over 60% on coaching to help you lose weight, stop smoking, manage stress or face an alcohol problem.

**GlobalFit™** — Discounts on gym memberships, fitness equipment, coaching, and more from Global Fit.

**Garmin** — Save on a variety of activity trackers from Garmin.



# Special Offers on anthem.com

## Family and home

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

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

**Pet Insurance** — VPI is now Nationwide, the #1 choice in America for pet insurance! Receive an automatic 5% discount when you enroll through your company or organization. Save up to 15% when you enroll multiple pets.

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

**LinkWell** — Get coupons for healthier products.

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

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

**HelpCare Plus** — Save 10% to 50% for the entire family on Dental Services, Chiropractic Care, Vitamins, Natural Food and Senior Care at just 44 cents a day from HelpCare Plus.

## Medicine and treatment

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

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

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

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

[anthem.com](https://www.anthem.com) and select **Discounts.**



\* All discounts are subject to change without notice.

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

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# Let's talk about your privacy and rights

Safeguarding your information

As a member, you have the right to expect us to protect the privacy of your personal health information. We do this according to state and federal laws, and our policies. You also have certain rights and responsibilities when receiving your health care.

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

## How we help manage your care

To decide if we'll cover a treatment, procedure or hospital stay, we use a process called Utilization Management (UM). Doctors and pharmacists who want to be sure you get the best treatments for certain health conditions make up Anthem's UM team. They review the information your doctor sends us. These reviews can be done before, during or after your treatment. We also use case managers. They're licensed health care professionals who work with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

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

## Special Enrollment Rights

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

- **If you had another health plan that was canceled.** If you, your dependents or your spouse are no longer eligible for other coverage (or if the employer stops contributing to your health plan), you may be able to enroll with us. You must enroll within 31 days after the other coverage ends (or after the employer stops paying for it). For example: You

and your family are enrolled through your spouse's coverage at work. Your spouse's employer stops paying for health coverage. In this case, you and your spouse, as well as other dependents, may be able to enroll in one of our plans.

- **If you have a new dependent.** You gain new dependents from a life event like marriage, birth, adoption or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after the event. For example: If you got married, your new spouse and any new children may be able to enroll in a plan.
- **If your eligibility for Medicaid or SCHIP changes.** You have a special period of 60 days to enroll after:
  - You (or your eligible dependents) lose Medicaid or SCHIP coverage because you're no longer eligible.
  - You (or eligible dependents) become eligible to get help from Medicaid or SCHIP for paying part of the cost.



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# We've got your back!



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