

Choosing and using your plan

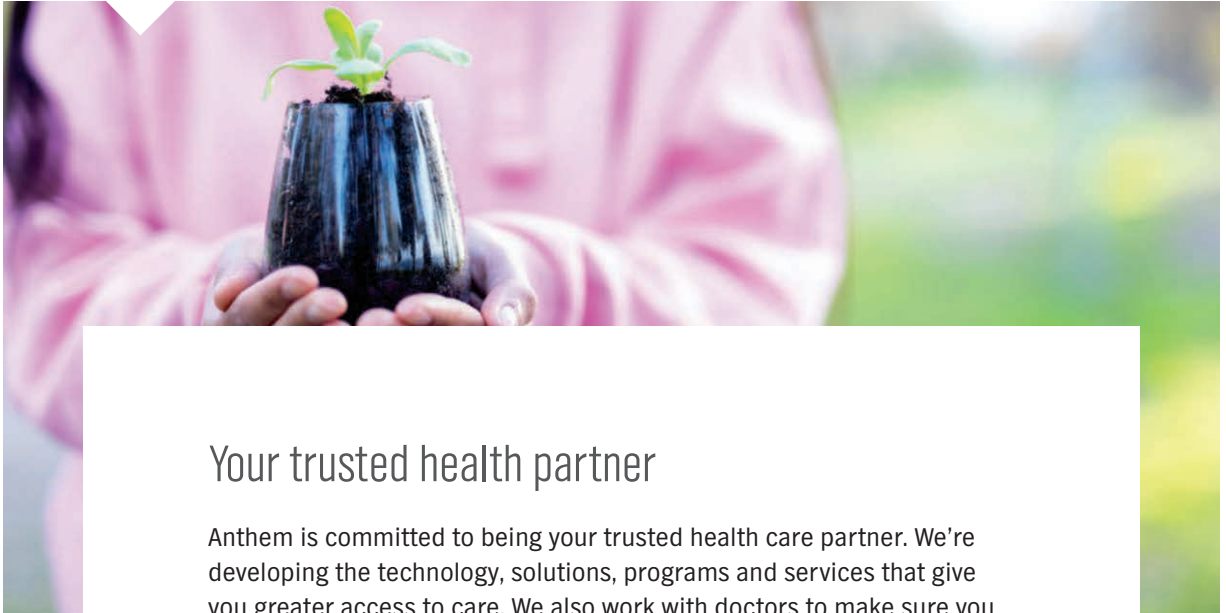
Your guide to open enrollment and
making the most of your benefits



Blue Access PPO
Effective January 1, 2021



It's time to choose your plan



Your trusted health partner

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

Save this guide

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





It's time to choose your plan

Let's get started

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

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



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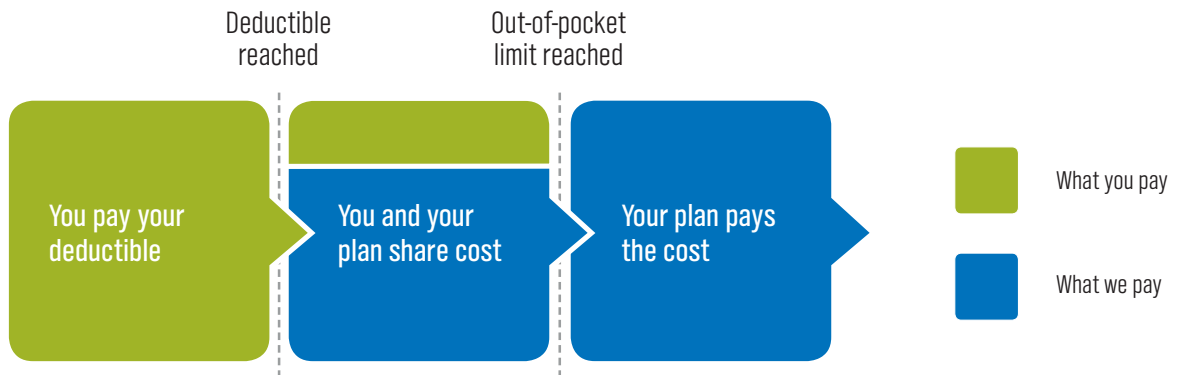


The basics explained

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



What you pay and what your plan pays



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



Words that are helpful to know

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

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



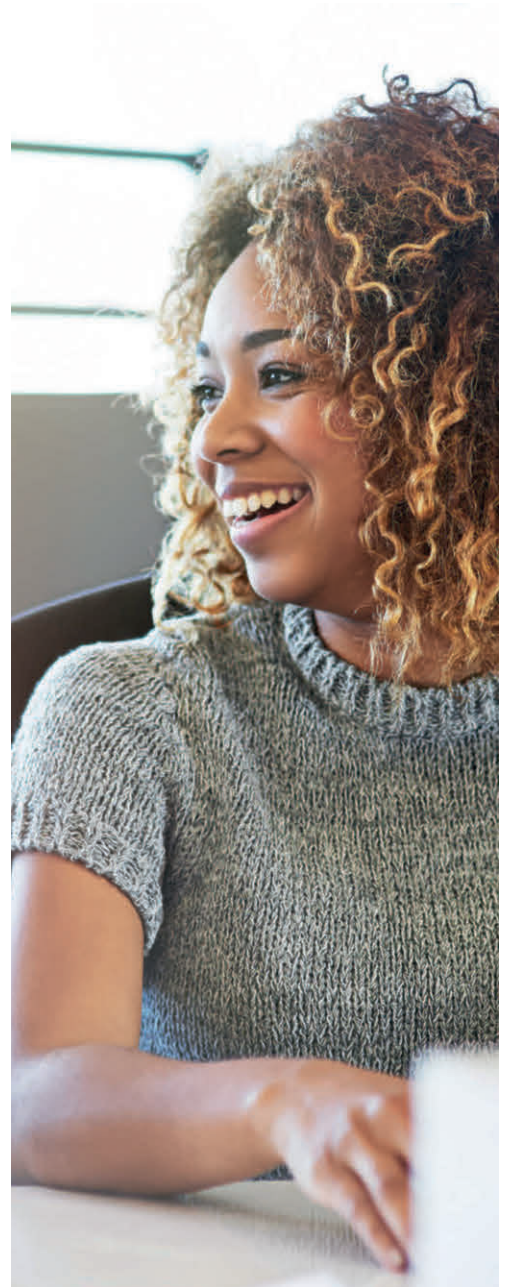
Explore your plan options

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

PPO

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

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





Your pharmacy benefits

Save money with Tier 1 drugs

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

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

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

You can find out if your medication is included on the on the **Essential 4-tier Drug List** by visiting [anthem.com/abs/essentialdruglist](https://www.anthem.com/abs/essentialdruglist). Then scroll to the National Network list and select the Essential 4-tier searchable hyperlink.

Simple ways to save money on medicine

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





How to use your plan

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



How to use your plan

Use your ID card right from your phone

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

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

Register for online tools and resources

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

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



How to use your plan

Find a doctor in your plan

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

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

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

Schedule a checkup

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

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

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



How to use your plan

Travel with peace of mind

Your health plan goes with you when you're away from home and need care immediately. The BlueCard® program gives you access to care services across the country. This includes 93% of doctors and 96% of hospitals in the U.S.¹ If you're traveling out of the country, you can get care through the Blue Cross Blue Shield Global® Core program. It gives you access to doctors and hospitals in more than 190 countries and territories around the world.

If you're in the U.S., go to **anthem.com**. When you're outside the U.S., visit **bcbsglobalcore.com** or download the BCBS Global Core mobile app. You also can call Blue Cross Blue Shield Global Core 24/7 at 011-800-810-BLUE (2583) or call collect. To call collect, dial 0170, then tell the operator you'd like to call 011-804-673-1177.

Questions about travel benefits? Call the Member Services number on your ID card before you leave home.

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.
- Call the 24/7 NurseLine and get helpful advice from a registered nurse.

¹ Internal data, 2019.





Make the most of your pharmacy benefits

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

- 1. Search the drug list.** Find out if your drugs are covered and which tier they're in. Lower-cost drugs and generics are usually in Tiers 1 and 2. You'll save the most money when you use Tier 1 drugs.
- 2. Price a medication.** See how much a medicine costs. You can compare retail drug costs at local pharmacies and see the price of generic options. Results will include the cost of up to a 90-day supply and home delivery pricing.
- 3. See if there are generic options.** If you're taking a brand-name drug, you can find a list of generic options that cost less, or ask your doctor.
- 4. Choose a pharmacy that's in your plan.** You have many retail pharmacies to choose from. Use a pharmacy that is in your plan to get the best price. To find a pharmacy in your plan, visit [anthem.com/pharmacyinformation/networks](https://www.anthem.com/pharmacyinformation/networks) and choose your network list. Your plan uses the National network list of pharmacies. You can also see if the selected pharmacy is a level 1 or level 2 to make the most of your plan savings.
- 5. Sign up for home delivery.** If you take medicines regularly or need them on a long-term basis, you can save time with home delivery. You may also save money. You can get up to a 90-day supply of your maintenance medications delivered to your door. Once you're a member, visit [anthem.com](https://www.anthem.com) to sign up.
- 6. 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.



Resource Advisor is here to help



Resource Advisor, a member assistance program that's included with your life and/or disability benefit, provides resources and services to support you and your household family members when you need it.

Counseling by phone, face-to-face or LiveHealth Online video chat

When you're feeling stressed, worried or having a tough time, you may want someone to talk to. You and your household family members can call Resource Advisor anytime, 24/7, and talk with a licensed counselor:

- **By phone:** Call **1-888-209-7840**.
- **In-person:** Call to set up face-to face sessions and then schedule with your counselor.
- **Video chat:** Talk with a counselor from the convenience of your home or wherever you have internet access and privacy using LiveHealth Online. To set up a LiveHealth Online visit, call Resource Advisor. We'll give you details about how to schedule a visit, along with a coupon code that gives you LiveHealth Online visits at no extra cost to you.

You can also review a therapist's background and qualifications to help choose one who's available and right for you. Whatever works for you — we're here to help with any concern, no matter how big or small.

You and your family members are eligible for up to three counselor visits for each issue or concern, at no cost to you.

Counselors can help with:

- Stress
- Parenting
- Anxiety
- Depression
- Any issue that affects your wellbeing
- Help dealing with illness
- Relationship or family issues
- Help finding child care
- Elder care issues and resources

Resource Advisor
1-888-209-7840

www.ResourceAdvisor.Anthem.com
(Log in with program name AnthemResourceAdvisor.)

Support when you need it

Here are some services you can count on from Resource Advisor

Financial planning

Call Resource Advisor to set up one-on-one financial counseling with a certified professional financial planner. They can help with issues like retirement planning, saving for a child's education and more.

Legal services

With a call to Resource Advisor, you can get a consultation with an attorney over the phone at no charge. If you want to meet with an attorney in person, the legal consultant can set up an appointment at a discounted fee.

Identity theft recovery and monitoring

Resource Advisor has fraud resolution specialists who can help if your identity is stolen. They can work with creditors, collection agencies, law firms and credit reporting agencies for you for up to one year. You can sign up for ID monitoring, get credit report reviews and place fraud alerts on credit reports no matter how many times your identity is compromised.

Online tools to help with life's issues

The Resource Advisor website has tools to help with many of life's challenges, such as creating a will, parenting, aging, healthy living, household support, referrals, funeral planning and more. Visit www.ResourceAdvisor.Anthem.com and use the program name "AnthemResourceAdvisor" to access resources.

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.

Appointments subject to availability of a therapist.

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.

Note about eligibility: This program is for active employees and their household family members. All benefits end at retirement.

Resource Advisor services are not a part of the certificate, policy or trust agreement and do not modify any insured benefits. Resource Advisor additional services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificateholders as described, modifications to our agreements with service providers may require that services be periodically modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services, or other business reasons at the discretion of the insurer or service providers.

Life and Disability products underwritten by Anthem Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. Anthem is a registered trademark of Anthem Insurance Companies, Inc.

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.

 Cut out this wallet card and keep it with you when you travel.

AnthemLife 

Anthem 

Resource Advisor

Get support, advice and resources, 24/7.

1-888-209-7840

www.ResourceAdvisor.Anthem.com

Travel assistance services

Coverage no matter where life takes you



What do you do when an unexpected medical emergency happens while you're traveling?

No worries. That's already "packed" into your group life insurance. We want to make sure you can get the help you need – whenever you need it and no matter where you are in the world. That's why we teamed up with Generali Global Assistance, Inc. (GGA) to help provide a safety net so you and your dependents have peace of mind knowing you'll be able to get help.

You can get medical travel assistance when you're more than 100 miles away from home for 90 days or less. All services, including medical transport, must be arranged in advance by Generali Global Assistance, Inc. You may have to pay fees for certain other services GGA provides, such as cash advances.

Travel assistance services

From immunizations and passports before you leave to transport in a medical emergency during your trip, you have access to a wide range of travel assistance services with GGA. They include:

- **Medical referrals and medical monitoring.** GGA will help you find doctors, dentists and medical facilities. When you have a medical emergency, professional case managers, including doctors and nurses, will review your case to make sure you're getting the right care or decide if medical transport is required.
- **Medical evacuation/return home.** If a doctor chosen by GGA decides that you should be taken to the closest adequate medical facility (evacuated) or taken back home for further treatment (repatriation), GGA will make arrangements to take you there and pay for it up to the program limit of \$1,000,000 per medical incident (all transport services combined). GGA must make all arrangements.
- **Repatriation of remains.** Should you, your spouse or a dependent child pass away during a covered trip, GGA will make all necessary transport arrangements to get the remains back to the person's primary residence. GGA will also pay for these arrangements as well as necessary documentation for services arranged by GGA. Cremation can be payable if approved by GGA if requested in lieu of repatriation.
- **Traveling companion assistance.** If someone traveling with you cannot continue traveling because of your hospitalization due to a medical emergency, GGA will make arrangements and pay up to \$5,000 for his or her most direct route home on economy class airfare.
- **Help with dependent children.** If you are traveling with a dependent under the age of 26 and he or she is left alone because you are in the hospital, GGA will set up and pay for his/her economy class transportation home by the most direct route on economy class airfare, up to \$5,000. GGA will also arrange and pay for a qualified escort to go with the child, if needed.
- **Visit by family member/friend.** If you are traveling alone and will be in the hospital for seven consecutive days, GGA will provide for and pay up to \$5,000 for round-trip economy class transportation for one member of your

immediate family, or one friend, from his or her home, to the hospital. GGA will also pay for up to five days at \$150 per day of meals and lodging for the visiting family member or friend.

- **Return your vehicle in a medical emergency.** If you cannot drive your non-job related vehicle because of a medical emergency or death, GGA will arrange and pay for its return to your home or rental place. You will not have to pay for services like:
 - Transportation fees for the driver to get to the vehicle.
 - Transportation fees for the driver to go back home after the vehicle has been returned.
 - Fuel, tolls and parking fees from the pick-up point to the final destination.
 - Driving fees for a commercially-licensed driving agency, up to \$2,500.
- **Return your pet in a medical emergency.** If your pet is traveling with you and is left alone because you are in the hospital or you pass away, GGA will arrange and pay for its return home. GGA will cover:
 - A container to transport the pet.
 - Food.
 - Fees for emergency housing or for a kennel until the pet is transported.This benefit is limited to \$1,000 and covers no more than two nights if you are in the hospital and no more than four nights in case of your death.

24/7 help is just a phone call away

If you need help when you're away from home, you can reach GGA 24/7:

- By phone from the U.S. and Canada: 1-866-295-4890
- By phone from other countries: +1-202-296-7482 (call collect)
- By email: OPS@GGA-usa.com

All services must be arranged in advance by GGA to be covered.

- **Medication and eyeglasses replacement.** GGA will arrange a refill for a prescription that has been lost, stolen or needs a refill, subject to local law, whenever possible. GGA will also help you ship or replace eyeglasses. You must pay for the costs of shipping the prescription, refill and eyeglasses.
- **Emergency messages.** GGA can relay emergency messages to and from friends, family members and people you work with.
- **Emergency travel arrangements.** GGA can make new travel arrangements or change airline, hotel and car rental reservations if there is an emergency or something else happens you don't expect. You must provide a payment/credit card guarantee for all tickets, hotel and rentals.
- **Emergency cash.** GGA will advance you \$500 if needed in an emergency. You must provide a guarantee of payment and pay for any transfer or delivery fees.
- **Legal help/bail.** GGA will find an attorney and arrange for payment of the bail bond, if the law permits. You must provide a guarantee of payment for the bail bond fees and pay the attorney fees.
- **Interpretation/translation** (helping you understand the local language). GGA will help with telephone interpretation in all major languages or will refer you to a service that interprets and translates documents in writing.
- **Finding lost items.** GGA will help you find lost luggage, documents and personal items. GGA may also contact airlines and government authorities to help.
- **Help before you travel.** GGA can help before you travel with things like:
 - Information on visa requirements.
 - Passports, inoculations and immunization requirements.
 - Cultural information.
 - Weather conditions.
 - Finding an embassy or consulate.
 - Foreign exchange rates.
 - Travel advisories (warnings).

All services must be arranged in advance by GGA to be covered.

Frequently asked questions

Q. In a life-threatening situation, should I call local authorities or GGA?

If you have a life-threatening emergency, first call the local emergency authorities to get help right away. Then, as soon as possible, contact GGA for assistance. GGA representatives will ask for some initial information including your location and your attending doctor's contact information. They will obtain medical information about your condition to determine whether the care you are receiving is adequate and relevant, and decide on the next steps with you. This includes medical transport considerations. GGA must make or approve all transport-related services in order for them to be eligible for coverage. You must contact GGA in order for a transport to be payable.

Q. Does the program provide emergency medical coverage?

Emergency medical coverage is currently not part of the program. GGA can guarantee medical expenses internationally on your behalf but you must provide a credit card guarantee up front. Also, you are responsible for any fees for some services as noted, but not for any arrangements that GGA makes or GGA's case management fees.

Q. I have medical coverage.

Why do I need travel assistance, too?

Medical coverage only takes care of medical expenses. When hospitalized, the most important aspect is to assess whether the care you are receiving is adequate for your condition and circumstance. GGA has the resources to:

- Help you find the right place for medical care, make an appointment and arrange for someone to take you there.
- Monitor your condition and medical evolution and assess if you need to be transported to a different medical facility.
- Advance or guarantee emergency medical expenses with your repayment guarantee. Many overseas facilities will not accept a credit card for payment, and you may not have the necessary cash — making this service a very important aspect of the program.

GGA will also, when possible, work with your health insurance company (if you have international medical coverage) to find payment solutions.

Good planning is your best way to have a great trip!

Check out these travel-related websites:

U.S. State Department travel site: travel.state.gov/travel/travel_1744.html

Currency converter: xe.com/currencyconverter

CIA Factbook: cia.gov/library/publications/the-world-factbook

Time zone converter: timezoneconverter.com

International calling codes: countrycallingcodes.com

Conditions and exclusions

There are some conditions and exclusions to the travel assistance services:

- Medical transportation must be medically necessary; GGA will not evacuate or repatriate you if a GGA doctor determines that adequate medical care is offered locally.
- GGA will not give services or payment for an injury caused by:
 - Suicide, attempted suicide or injuries you caused to yourself on purpose.
 - War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war.
 - Serving in any military maneuver or training exercise.
 - Piloting or learning to pilot, or acting as a member of the crew of any aircraft.
 - Mental or emotional problems, unless you are in the hospital.
 - Being under the influence of drugs or intoxicants, unless prescribed by a physician.
 - Committing or attempting a criminal act.
 - Joining in professional athletics.
 - Traveling to get medical services or treatment.
 - Services not shown as covered.

- GGA provides services all over the world. But, GGA may decide that services cannot be provided in certain countries or locales because of war, natural disaster or political instability. GGA will try to help you within the area's limitations. GGA is not responsible for not giving, or for delaying, services if there are conditions beyond its control, such as:
 - Flight conditions.
 - Labor disturbance and strike.
 - Rebellion, riot, civil commotion, war or uprising.
 - Nuclear accidents.
 - Natural disasters.
 - Local law or regulations.

Travel assistance services are offered only to eligible members. Retirees are not eligible for travel assistance services.

 Cut out this wallet card and keep it with you when you travel.

Travel Assistance

Provided by Generali Global Assistance, Inc. (GGA) for Anthem Life

Valid only for eligible members with group life insurance coverage.

Retirees are not eligible for travel assistance services.

For travel emergency assistance services, first call the appropriate number below, depending on your location:

U.S. and Canada:	1-866-295-4890
Other locations (call collect):	+1-202-296-7482

For more details, go to anthemlife.com.

Travel assistance services are a value-added additional service and are not a part of the life insurance certificate, policy or trust agreement and do not modify any insured benefits. The value-added additional services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificate holders as described, modifications to our agreements with service providers may require that services be periodically modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services or other business reasons at the discretion of the insurer or service providers.

Travel assistance value-added services are provided by Generali Global Assistance, Inc. In all cases, Generali Global Assistance, Inc. only suggests a medical professional, medical facility or attorney that gives services to the eligible member. They are not employees or agents of Generali Global Assistance, Inc. or Anthem Life. You choose the medical advice or legal counsel you want. Generali Global Assistance, Inc. or Anthem Life is not liable for any medical advice or legal counsel given by the medical professional or attorney. Generali Global Assistance, Inc. also is not liable for the negligence or other wrongful acts or omissions of any of the health or legal care professionals who give these services. The covered member cannot take action against Generali Global Assistance, Inc. or Anthem Life for its suggestion of or contract with a medical professional or attorney. You must pay back Generali Global Assistance, Inc. for some costs. Generali Global Assistance, Inc. is not affiliated with Anthem Life and the services provided are not part of the insurance coverage provided by Anthem Life. The agreement between Generali Global Assistance, Inc. and Anthem Life is subject to change, which may affect the services offered. Valid only for eligible members.

Life and Disability products underwritten by Anthem Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.

Looking for a doctor?

Finding one online is fast and easy

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



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

1

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

2

You can look for a doctor by using either:

- **Search as a member:** Log in with a username and password or with the member number on your ID card.
- **Search as guest:** Select a plan or network,* or search by all plans and networks, to get started.

3

Once you log in, select the **Find Care** option on the welcome menu.

4

Next, choose who you'd like to see. You can search for a doctor nearby or use the doctor's name.

5

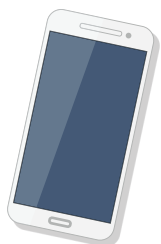
Select a provider to get details, like:

- Specialties
- Gender
- Languages spoken
- Training
- A map of their office location
- Phone number

Going mobile

Search for doctors, hospitals and more on your smartphone or mobile device.

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



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

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



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

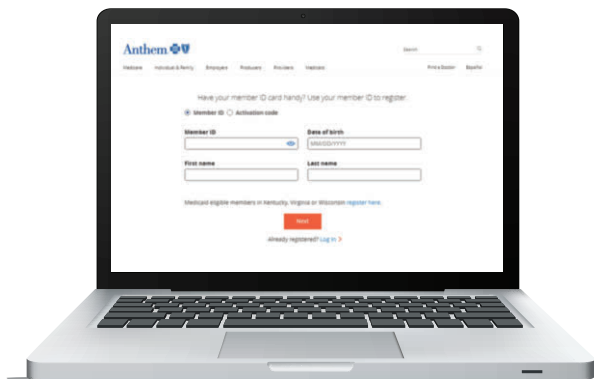
Already using one of our apps?

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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You've got quick access to your health care!

Register on [anthem.com](https://www.anthem.com) or the **Sydney** mobile app.* Have your member ID card handy to register



From your computer

- 1 Go to [anthem.com/register](https://www.anthem.com/register)
- 2 Provide the information requested
- 3 Create a username and password
- 4 Set your email preferences
- 5 Follow the prompts to complete your registration



From your mobile device

- 1 Download the free **SydneyHealth** mobile app available in App Store or Google Play. Once downloaded, select **Register** on the login page
- 2 Confirm your identity
- 3 Create a username and password
- 4 Confirm your email preferences
- 5 Follow the prompts to complete your registration

It's easy. Everything you need to know about your plan – including medical, pharmacy, dental, vision, life insurance – in one place. Making your health care journey simple, personal – all about you.

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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Convenience or savings? No need to choose.

You get both with Rx Choice Tiered Network.

With your plan, you have lots of choices about where to get your prescription medicines. And with the Rx Choice Tiered Network, you can choose a pharmacy that saves you money.

Your pharmacy network offers two levels of coverage:

Level 1

These are our preferred pharmacies, where your copay or share of the prescription cost is lower. There are more than 25,000* Level 1 pharmacies across the country, including well known chains like:

- CVS
- Costco
- Giant Eagle
- Kroger
- Meijer
- Walmart
- Sam's Club

Level 2

You'll pay a little more for your prescriptions at a Level 2 pharmacy. There are 40,000* of these around the country, including:

- Walgreens
- Rite Aid
- Marcs

It's easy to find a pharmacy in the Rx Choice Tiered Network

- Visit [anthem.com](https://www.anthem.com), choose **Manage Your Prescriptions** and log on.
- On the *Pharmacy* page, choose **Find a Pharmacy**.
- Enter your ZIP code and how far you want to search to find pharmacies near you.

Questions?

Call the Pharmacy Member Services number on the back of your plan ID card.

* IngenioRx data, 2019.



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.
3. Choose **Search** and you'll see a list of available doctors near you.
4. Participating EPHC providers will have "**Enhanced Personal Health Care**" listed as one of their credentials
5. You can also search for a list of EPHC providers by adding a filter. Select the "Recognitions" filter. Then, from the drop down menu select "Enhanced Personal Health Care" and click Done.

* 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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Choose an easier way to better health

Health and wellness programs designed for your unique needs

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



ConditionCare

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

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



Future Moms

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

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



24/7 NurseLine

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

These nurses can:

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

Get the support you need

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

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



Save money. Earn cash.



Prices for the same high-quality health procedure can vary by hundreds or thousands of dollars. Wouldn't it be great to be able to easily compare costs at different locations? SmartShopper is a program that helps you save money and even get cash back¹ when you need a covered medical service. SmartShopper is easy to use – you can shop online or call a SmartShopper Personal Assistant. The Personal Assistant will take the time you need to help you understand your options and can schedule your appointment, too.

Let's Get Started!



STEP 1: SHOP

When your doctor recommends a medical test or procedure, call the SmartShopper Personal Assistant Team at **1-866-488-5441**, or visit **smartshopper.com**.



STEP 2: GO

Get your care at one of the SmartShopper options. They're all in your plan.



STEP 3: EARN

After your claim is paid, SmartShopper mails you a reward check. It usually takes less than six weeks to receive your check.

Sample Procedures and Rewards

For a full list of procedures and rewards, call the Personal Assistant Team at 1-866-488-5441 or visit smartshopper.com.

Procedure	Your Reward
Carpal Tunnel	Up to \$150
Colonoscopy	Up to \$150
Hernia Repair	Up to \$250
Knee Surgery	Up to \$250
Mammogram	Up to \$50
Orthopedic Procedure	Up to \$250
Ultrasound	Up to \$50

It's easy to register today and begin shopping and saving on health care. The Personal Assistant Team is happy to help Monday through Thursday from 8 a.m. to 8 p.m. and Friday from 8 a.m. to 6 p.m. ET.



¹Reward payments may be taxable.

SmartShopper may not be available on all plans; please check with Anthem Member Services by calling the number on the back of your member ID card to confirm if your plan has SmartShopper.

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

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GOOD HEALTH IS WORTH IT

Your guide to earning rewards with Wellbeing Solutions

Your whole health matters. That's why you have Wellbeing Solutions, a suite of programs to help you with your everyday health and well-being. You receive extra guidance and support in managing your health, plus you can earn monetary rewards.

Earn up to **\$200 in rewards**

Anthem Health Rewards¹ offers you and your covered spouse or partner up to \$200 in rewards for taking part in employer-sponsored health and wellness programs. You will receive your rewards through a reloadable debit rewards card or an account deposit.² You can see the status of your progress on [anthem.com](https://www.anthem.com) or download the free Sydney Health mobile app.

Includes

Well-being Coach³

Well-being Coach offers multiple options to help you meet your well-being goals. Our digital coaching app offers personalized 24/7 support on the go, whenever you need it. Well-being Coach combines smart technology and proven behavioral therapy techniques to help you maintain a healthy weight or quit tobacco. You can also receive additional help on well-being topics like nutrition, activity, mindfulness and sleep. Well-being Coach is powered by Lark and accessible from the Sydney Health app.

If you prefer a helping hand or require additional support meeting your health goals, Well-being Coach gives you access to a certified Health Coach by phone. You and your coach will identify habits you want to change and develop custom action plans to achieve your health goals. No matter how you connect, you can earn rewards with Well-being Coach.

Rewards you can earn (up to \$200 total)

Flu shot and wellness visit reward - up to \$50

For extra motivation to stay healthy, you can earn \$50 in rewards for receiving a claims-based annual preventive wellness exam and flu shot.

Visit your primary care doctor's office for your wellness exam. You can also receive a flu shot at your doctor's office, or at a pharmacy or retail clinic. Your wellness exam or flu shot do not need to be completed in any particular order or together. Be sure to submit the claims to Anthem or ask your doctor or other provider to submit them to Anthem for you.⁴

My Health Rewards Activities - up to \$150

Keep up healthy habits by tracking your activity through anthem.com, Sydney Health or the Well-being Coach app. You can also track rewards activities through a variety of devices, such as Apple Health Kit, Google Health, and more. Go to the Help section of Sydney Health for a full list of supported devices.



Sydney Health Activities

- Login to website or mobile app - 10 points / yearly
- Connect a tracking device - 15 points / yearly
- Complete the WebMD Health Risk Assessment - 75 points / yearly
- Read five articles or watch five videos - 25 points / yearly (5 points earned at a time)
- Article/video topics include: exercise, healthy eating, sleep, family health, mind & body, what's new, trending, and more
- Set an action plan - 10 points / once per quarter
- Action plans include: Eat Healthy, Achieve a Healthy Weight, Get Active, Increase Energy, Reduce Stress and Sleep Better
- Complete an action plan - 100 points / once per quarter
- Track steps
 - Average 2,000 steps a day - 2 points / monthly
 - Average 5,000 steps a day - 5 points / monthly
 - Average 7,500 steps a day - 10 points / monthly

Well-being Coach Activities

- First completed Mission daily check-in - 10 points
- Achieve 15 completed Mission daily check-ins during the first three months - 15 points
- Achieve 25 completed Mission daily check-ins during the second three months - 25 points
- Achieve 25 completed Mission daily check-ins during third three months - 25 points
- Achieve 25 completed Mission daily check-ins during fourth three months - 25 points

You will receive a reward payout when you reach the milestones of 100, 200 and 300 points. One hundred points equals \$50.

Example: First, you receive a reward payout when you reach the 100 point milestone. Then, your points balance resets to zero. To reach the next milestone, you will need to earn 200 points. When you reach this 200 point milestone, you receive a reward payout and your points will reset again to zero. To receive the final reward payout, you will need to earn another 300 points.

YOU DESERVE GOOD HEALTH
START TODAY. REGISTER AT ANTHEM.COM OR
DOWNLOAD THE FREE SYDNEY HEALTH MOBILE APP.





If you have any questions, call the Member Services number on your ID card.

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

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

3 Well-being Coach Digital is powered by the Lark platform and accessible to the member via Sydney Health.

4 You must complete an annual wellness exam and flu shot during your employer group's plan year. Once we receive an Anthem claim for both an annual wellness examination and a claim for an annual flu shot, you are eligible for the reward. It may take up to 75 business days from the day the second of the two preventive care activities is completed for both rewards to be disbursed to your rewards account.

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

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

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Get the care you need and save money

Our programs, services and online tools can help you find care, save money and better understand your benefits

Register for anthem.com today!
Have your member ID card ready to register



- 1 Go to anthem.com/register
- 2 Provide the information requested
- 3 Create a username and password
- 4 Set your email preferences
- 5 Follow the prompts to complete your registration

A little knowledge pays off. Find out how your benefits, claims and online tools work.

Let us know how you want to hear from us

By keeping your information up to date, we can give you the best service possible.

With your profile on anthem.com, you can:

- Let us know how you'd like to hear about new services, products, benefits or discounts.
- Verify or change your contact information and preferred language.
- Add your claims to an electronic health record.
- Allow others to view your health plan information online.
- Choose to get your explanation of benefits (sometimes called health statements or claim summaries) electronically.
- Sign up for notifications.

Find it: Log in at anthem.com, and choose **Profile**.





See your benefits, coverage and costs in one place

See what services your plan covers. Find out how much you might pay when you get care.

Find it: Log in at [anthem.com](https://www.anthem.com), go to **Benefits** and then **Medical**.

Manage spending for your care

Track your costs, claims, deductibles, out-of-pocket dollars and spending account balances.

Find it: Log in at [anthem.com](https://www.anthem.com) and go to **Claims**.

Comparison shop for your care and save

By doing a little research, you can search and compare costs for services like Lab tests, X-rays and procedures such as back surgeries and knee replacements. Prices can vary a lot depending on where you go.

Find it: Log in at [anthem.com](https://www.anthem.com) and choose **Find Care**. From here, simply search for the provider or service you need.

Keep your health history in one secure place

Trying to remember when you had a test or immunization? Now you can have all your health information in one place so it's easy to find in an emergency or when you see a doctor. With [anthem.com](https://www.anthem.com), keep a record of your health condition, screenings, shots and more. Print and share this information with your doctors to avoid a drug interaction or duplicate tests or procedures.

Find it: Log in at [anthem.com](https://www.anthem.com), go to the **Care** tab and select **Health Record**.

Find the care that's best for you when you need it

Stay healthy with preventive care that's covered at 100%

Things like your yearly exam, a flu shot and immunizations are usually covered at no charge when you see an in-network doctor. That means you pay nothing out of pocket. Keeping on top of your health and catching problems early can make a big difference in staying healthy. See which services and treatments might be right for you by looking at our online preventive care guidelines.

Find it: Log in at [anthem.com](https://www.anthem.com), go to the **Care** tab and select **Health & Wellness**. Then **View All Preventive Health Guidelines**.

Find a doctor, pharmacy, hospital and other health care providers in the network

Look for nearby network doctors, pharmacies, labs and more. You can even check out the doctors' training and experience, see if they've earned any awards, or speak other languages. When you stay in-network, you'll most likely pay less for care.

Here's what else you can do using **Find Care**:

- Rate your doctors or see what other patients think of them.

Download the free Sydney mobile app so you can manage your health care on the go!



- Find a Blue Precision specialist who meets high-quality standards for affordable care.
- Look for a Blue Distinction Center hospital that's recognized for quality, cost-effective specialty care.
- Locate an Enhanced Personal Health Care doctor who spends more time with you and gets you the care you need — even after hours.

Find it: Log in at [anthem.com](https://www.anthem.com) and choose **Find Care**. Next, you can type in the name of facility, provider, or service in the search box to search a specific location. You can also select by category to see a listing of in-network options in your area by simply selecting area of your choice. You can see specifics of the provider or facility by selecting View Details.

Get care when you need it right way

When you're sick or hurt and need to decide where to get care, going to the emergency room might seem like the first choice. But if it's not an emergency, you can go to your primary care doctor, a walk-in doctor's office, retail health clinic or urgent care center instead. Search for a quick care option now so you're prepared when you need one. You could save time and hundreds of dollars on a visit. Not sure where to go when you need care? Just call our 24/7 NurseLine at the number on your member ID card.

Find it: Log in at [anthem.com](https://www.anthem.com) and select **Find Urgent Care**.

Visit with a doctor online 24/7

See a doctor when it fits your schedule — at home, in the office or on the go. No need for an appointment and no waiting. All you need is the **LiveHealth Online** app or a computer with a webcam. You have 24/7 access to board-certified doctors through secure and private two-way video chats. Get help with colds, the flu, allergies, fevers and more. And, many **LiveHealth Online** doctors can send your prescription to a pharmacy.*

Find it: Download the app at the App Store or Google Play or visit livehealthonline.com.

Manage your pharmacy benefits and save on medications

Manage your pharmacy benefits

On [anthem.com](https://www.anthem.com), you can:

- See your drug claims.
- Find out your copays or coinsurance.
- Look at drug lists.
- Check drug interactions.
- View and refill prescriptions

Find it: Log in at [anthem.com](https://www.anthem.com) and choose **Prescription Benefits**.

Price a medication before you fill it

Find out how much a prescription will cost at a local drugstore or through the home delivery pharmacy using our **Price a Medication** tool. It also suggests other drugs to help you save money. Always talk with your doctor before switching medications.

Find it: Log in at [anthem.com](https://www.anthem.com), select **My Plan** tab and pick **Pharmacy**.

Get medicine delivered to your home

If you take a prescribed medication regularly, have it delivered to your front door using the home delivery pharmacy. In most cases, you can get a three-month supply for the price of a two-month supply. This means it's possible to **save up to four monthly copays a year**.

Find it: Log in at [anthem.com](https://www.anthem.com), go to the **My Plan** tab select **Pharmacy**. Next, choose **Request a new home delivery prescription**.

Order a refill

Having refills for the drugs you take regularly is important. When you get medications from the home delivery pharmacy, it's quick and easy to order refills. You also can set up automated refills to make sure you get your medications every month at around the



same time.

Find it: Log in at [anthem.com](https://www.anthem.com), go to **My plan** tab and choose **Pharmacy**. Then select **auto refill & Renew**.

Find out when your medication will be delivered

It's easy to check the status of an order from the home delivery pharmacy.

Find it: Log in at [anthem.com](https://www.anthem.com), go to **My Plan** tab and select **Pharmacy**. Next, choose **Check Order Status**.

Price a medication

Generic drugs have the same active ingredients, strength and dose as brand-name drugs. And, there are lots of OTC drugs to treat common conditions. Generics and OTCs could save you hundreds of dollars a year.

Find it: Log in to [anthem.com](https://www.anthem.com), go to **Pharmacy** tab. Next, scroll down to **Price a Medication**. Check the costs of brand and generic drugs to see if there is a generic available that could save you money on your prescriptions. Speak with your provider to see if this would work for you.

Take some steps for your health

Check out discounts on health and wellness products

Save money on things that are good for you. Check out our member-only discounts on products and services, such as vitamins, acupuncture, health and beauty products, massage therapy, fitness center memberships and much more.

Find it: Log in at [anthem.com](https://www.anthem.com) and select the **Care** tab. Next, choose **Discounts**.

Find out if you need to take steps to improve your health

Learn about your health and see if you need to make any changes to stay healthy. Use our **Health Assessment** to answer questions about your lifestyle, current health and history. Next, you get a personal report with health tips. The report tells you if you can sign up for other health programs offered through your plan at no extra cost. A few key steps today could help you avoid costly, serious treatments later.

Find it: Log in at [anthem.com](https://www.anthem.com), go to the **Care** tab. Then choose **Health & Wellness**. Next, choose **WebMD Health Risk Assessment**.



*LiveHealth Online is available in most states and is expected to serve more areas in the near future. Visit [livehealthonline.com](https://www.livehealthonline.com) to see the service map by state. Only certain states allow doctors to write prescriptions after an online visit.
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LiveHealth Online

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



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

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

How to get started

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

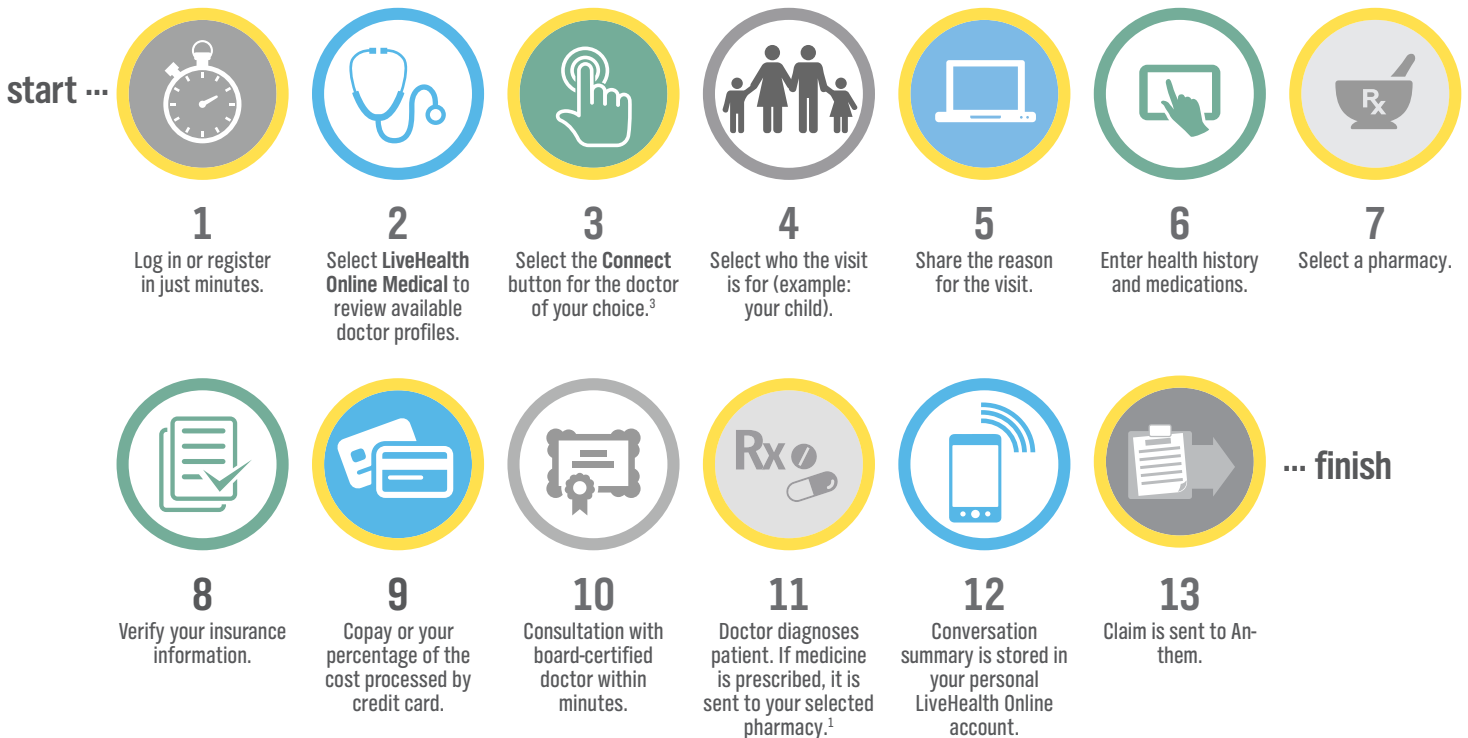
1. Choose **Sign Up** to create your LiveHealth Online account. Then enter information like your name, email address, date of birth and create a secure password.
2. Read the *Terms of Use* and check the box to agree.
3. Choose your location in the drop-down box of states.
4. Enter your birth date and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



Your account securely stores your personal and health information

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

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



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

Questions about how to use LiveHealth Online?

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

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

² Appointments subject to availability of a therapist.

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

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

Psychologists or therapists using LiveHealth Online cannot prescribe medications.

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

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

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Take care of yourself

Use your preventive care benefits



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

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

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

Preventive vs. diagnostic care

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

Adult preventive care

Preventive physical exams

Screening tests

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

Immunizations

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

Women's preventive care

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

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

This sheet is not a contract or policy with Anthem Blue Cross and Blue Shield. If there is any difference^{5,7} between this sheet and the group policy, the provisions of the group policy will rule. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for exclusions and limitations.

Child preventive care

Preventive physical exams

Screening tests

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

Immunizations

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

A word about pharmacy items

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

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

Adult preventive drugs and other pharmacy items — age appropriate

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

Child preventive drugs and other pharmacy items — age appropriate

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

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

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

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

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

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

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

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

⁵ Check your medical policy for details.

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

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

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

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

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

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

Vision, hearing and dental

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

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

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

TruVision — Save up to 40% on LASIK eye surgery at more than 1,000 locations.

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

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

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

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

Fitness and health

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

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

Garmin – Take 20% off select Garmin wellness devices.

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

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

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

Family and home

23andMe – Take \$40 off each Health + Ancestry kit. Save 20% on a 23andMe kit and learn about your wellness, ancestry and more.

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

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

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

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

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

Medicine and treatment

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

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

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

Allergy Control Products and National Allergy Supply – Save up to 25% on select doctor-recommended products such as allergy-friendly bedding, air purifiers and filters, asthma products and more. Orders over \$59 ship for free by ground within the contiguous U.S.

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

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

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

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Don't worry, this is not a bill.

Jane Q. Member
123 Main Street, Apt #2
Indianapolis, IN 46268

Hi Jane — Here's your Health Care Summary as of March 24, 2017.

Also called an Explanation of Benefits (EOB), it's a quick and easy way to see the care you and your family got, and who pays what. Plus ways to save money and stay healthy.

Need help in a different language? Call us.
¿Necesita ayuda en español? Llámenos.
1-800-123-4567

Helpful resources

Message us

Log in to [anthem.com](#)
Choose support> Message center> Compose message

Call

1-800-123-4567 (TTY/TDD: #711)

Go online

At [anthem.com](#) or use the Anthem Anywhere mobile app.



 **Look for 2 savings opportunities inside!**

Claims summary

Doctor/facility charges:	\$983.00
Your discounts:	— 584.03
Due to your doctor/facility:	\$398.97
Anthem paid:	— 0.00

What you pay: \$398.97

Preventive care reminders*

For Jane

- Breast cancer screening
- Colon cancer screening
- Diabetes check

For Tom

- Child well-care visit
- Flu shot

For Ben

- Child well-care visit
- Flu shot

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

Tips and tools



Want us to email you instead?

Sign up to get EOBs by email instead of mail. It's easy!
Log in to [anthem.com](#). Select the Profile, then Communication Preferences.

Urgent care without the urgent cost

If it's not an emergency, try an urgent care instead of the ER. It could save you an average of \$500. **UrgentCare Indy** is close by at 7911 N Michigan Rd, Indianapolis, IN 46268, 1-317-960-3278.

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. 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.

2017 year-to-date summary

Jane Q. Member **Member ID:** WWW900W90909 **Coverage:** Individual + Child(ren)
Group ID: 000123 - ABCDEFG Corporation

Plan deductible	In-network deductible	Applied to date	Remaining deductible	Out-of-network deductible	Applied to date	Remaining deductible
Individual						
Jane Q. Member	\$1,500.00	-\$500.00	\$1,000.00	\$2,500.00	-\$750.00	\$1,750.00
Tom F. Dependent	\$1,500.00	-\$500.00	\$1,000.00	\$2,500.00	-\$100.00	\$2,400.00
Family	\$4,000.00	-\$1,000.00	\$3,000.00	\$6,000.00	-\$1,000.00	\$5,000.00

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



Copay is the flat-dollar amount you may pay for health care, such as doctor visits.

Deductible is the amount you pay for health care before we start sharing the cost.

Out-of-pocket maximum is the most you'll pay for covered health care in your plan year. After that, we'll pay for all your covered health care.

Need more info? Go to anthem.com/glossary.

Claims details

Don't recognize these services?
Call the Fraud Hotline at 1-800-987-6543

Jane Q. Member | Claim number: 1234567891255 | Received: 3/6/17 | Doctor: Jennifer Jones, MD (Not in your plan)

Going to this doctor uses out-of-network benefits — if your plan has them.

Service date	Service	Reason code	Doctor charges	Your discounts	Due to your doctor	Anthem paid	Copay	Deductible	Your share of the cost (coinsurance)	Services not covered	Your total cost
1/26/17	Special services		175.00	0.00	175.00	0.00	0.00	175.00	0.00	0.00	= 175.00
Totals:			175.00	0.00	175.00	0.00	0.00	175.00	0.00	0.00	= \$175.00

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

Savings Opportunity Did you know our members save an average of \$123.25 by seeing a doctor in their plan? Visit anthem.com or download the Anthem Anywhere app to find doctors in your plan.

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Tom Dependent | Claim number: 1234567891255 | Received: 3/17/17 | Hospital: Methodist Hospital (in your plan)

Going to this hospital uses in-network benefits. That's your best value.

Service date	Service	Reason code*	Hospital charges	Your discounts	Due to your hospital	Anthem paid	Copay	Deductible	Your share of the cost (coinsurance)	Services not covered	Your total cost
2/14/17	ER Visit	066	808.00	584.03	223.97	0.00	0.00	223.97	0.00	0.00	= 223.97
Totals:			808.00	584.03	223.97	0.00	0.00	223.97	0.00	0.00	= \$223.97

You pay \$223.97.
Here's how it breaks down.

*066: You don't pay the "Your discount" amount. This is the benefit to using doctors/facilities in one of our plans.

Savings Opportunity You should always go to the ER or call 911 if you think you're in danger. For less serious situations, try urgent care. It could save you time and money. UrgentCare Indy is close by at 7911 N Michigan Rd, Indianapolis, IN 46268, 1-317-960-3278.

Not happy? Here are your appeal rights.

Any time you pay for a portion of your care, you have the right to question whether we calculated it right. We call that your appeal rights.

Call us at 1-800-123-4567

- Get help understanding this notice.
- Talk through your portion and our portion of these service costs, including any denials.

If you think something should have been covered (in whole or in part), but it wasn't, or it wasn't covered in the way you think it should be — you can appeal it and we'll take another look.

Here's how you file an appeal. Check your plan benefits for how long you have to file an appeal. Usually it's within 180 days of when we told you our decision. You or someone acting for you can send us a note saying you want to appeal. You can do this by secure message on [anthem.com](https://www.anthem.com). Make sure to select Grievances/Appeals as the subject of your message.

Or send us a note in the mail to:

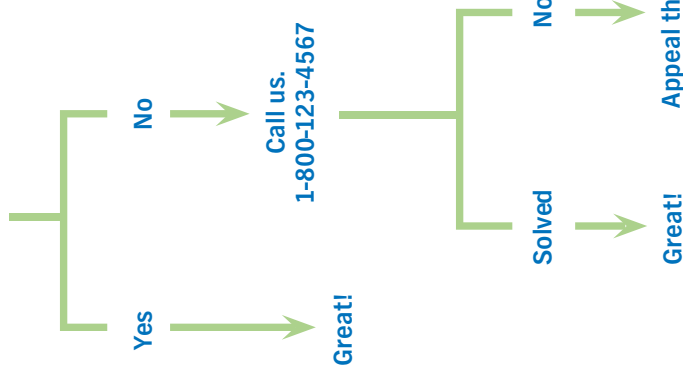
Grievances and Appeals
P.O. Box 105568
Atlanta, GA 30348-5568

Be sure your appeal includes:

- Patient info: name, member ID, address, phone number, date of birth
- Claim info: date(s) of the service, your doctor's name/address/phone number
- Any other info about your claim that you think is important

Do it online or in writing if you can. Or check your benefits booklet or plan documents to see if you can file an appeal by phone.

Do your claims in this document look correct?



To ask for an expedited appeal or expedited review by someone outside our company — you, your doctor or someone acting for you can call the Member Services number on your ID Card or by mailing to the address provided for appeals.

Get more info on your claim — it's free. You can get billing, diagnosis or treatment codes and their meanings, or any other info we used to decide your claim, anytime. This includes any new or additional evidence or reasons for the decision on your claim. If we decided that any of the services aren't medically necessary or experimental, or used a guideline, criteria or clinical rationale in making our decision, you can get a copy of it free of charge. Just give us a call.

If you appeal, we'll review and give you a written decision within 30 calendar days from the date we received your appeal request. Check your benefits booklet to see if it gives a different time limit. If you still don't feel our response is right, or if you don't hear back from us in time, you may be able to ask for a review from someone outside our company, an independent third party. Their decision then is final.

Your health plan is subject to the Employee Retirement Income Security Act of 1974 (ERISA). Once you have used all your mandatory appeal rights, you have one year from our appeal decision to bring an action in federal court under section 502(a)(1)(B) of ERISA, unless your plan provides for a longer period. Check your benefits booklet or plan documents to see if you have more time.

For questions about your rights or for help, call Employee Benefits Security Administration at **1-866-444-EBSA (3272)**.

If you need a decision fast, call us. You can ask for an "expedited appeal," and get an answer in about 72 hours, unless your benefits booklet or plan documents states otherwise. Use this option if:

- Your life or health is in danger.
- In your doctor's opinion, your pain can't be adequately controlled while you wait.
- You had emergency services, but haven't been discharged from the facility



The legal stuff we're required to tell you

How we keep your information safe and secure

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

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

How we help manage your care

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

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

Special enrollment rights

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

Get the full details

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

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



Questions?

anthem.com

Ready to use your plan?

Get some extra help

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



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