

■ Ready to choose *your benefits?*

We can point you in the right direction.

Shorewood School District
Blue Preferred Plus/Blue Access
Effective July 1, 2019



Let's take a look

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

In this guide, you'll find:

- Your health care basics
- How to use your health plan
- Your pharmacy benefits
- Health and wellness programs
- Your privacy and rights

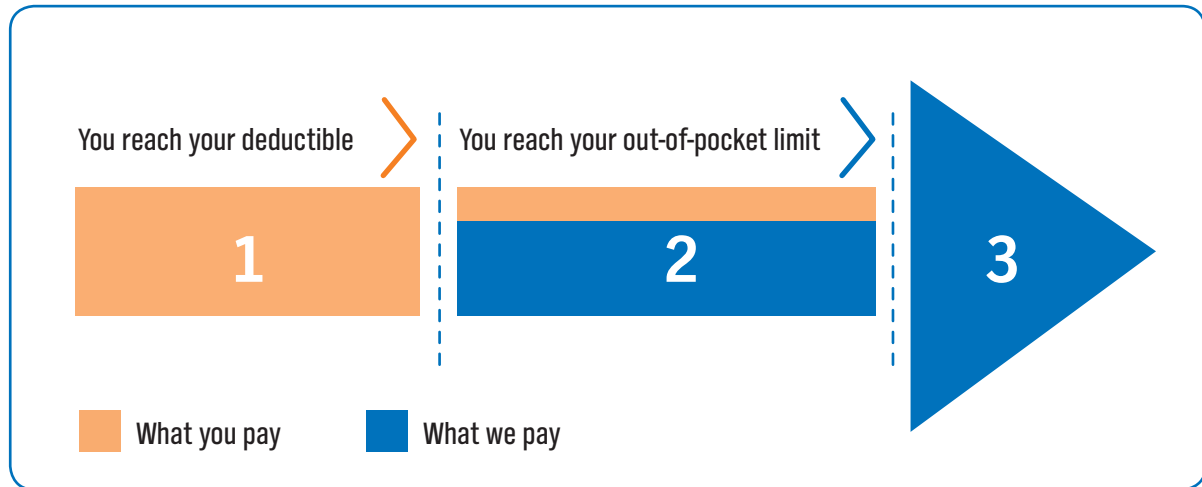
Pay a visit to [anthem.com](https://www.anthem.com) to get an idea of what you can do once you're a member. Find a doctor, estimate care costs, sign up to get emails instead of mail and much more!





Know your health care basics

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



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

You pay your deductible.

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

What happens after I pay my deductible?

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

What's an out-of-pocket limit?

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

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

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



Using your health plan

It's easy to get started with your plan and make the best of your benefits.



Choose a doctor in your plan

Avoid getting care from doctors outside of your plan; it will cost you more or your plan may not cover it at all. We've made it easy for you to find doctors in your plan. Visit **anthem.com** to look for a primary care doctor, hospitals, labs and other health care professionals in your plan.



Use your ID card

Once your plan begins, access your mobile ID card on the **Anthem Anywhere app**. It's like your passport to care and you use it just like you would use a paper ID card. Simply show it when you go to your doctor's appointment or the pharmacy.



Register to use online tools and resources

Register on the **Anthem Anywhere app** and **anthem.com** to get personalized information about your wellness programs and health plan.

Use the self-service tools to:

- Access benefit information.
- Find a doctor and receive personalized reminders.
- Estimate your costs, before you step into the doctor's office.
- Check the price of a drug or refill a prescription.
- Get support managing your health conditions and tracking health goals.



Preventive care is covered at no extra cost

Preventive care from a doctor in your plan is covered at 100%. Getting these regular checkups, screenings and shots can help you stay healthy and catch problems early – when they're easier to treat. So, talk to your doctor about what preventive care you may need to protect your health.



Save emergency room visits for emergencies only

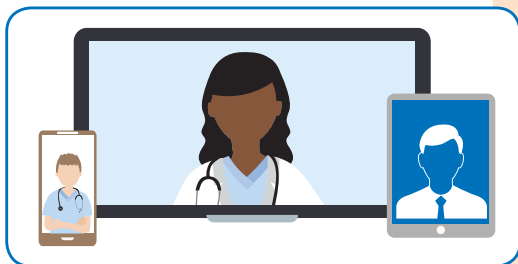
Knowing where to go for care saves you time and money. So if you have a real emergency, head straight to the ER or call 911. Otherwise, visit your regular doctor or an urgent care center for minor medical issues.



We're here for you

When you become a member, we make it easy for you to get your questions answered in the way that works best for you.

- **By phone:** Call the Member Services number on your mobile ID card.
- **Online:** Use the **Anthem Anywhere app** to chat with a team member.



Done driving to the doctor? Hey there, LiveHealth Online!

You can visit a board-certified doctor 24/7 for simple things like the cold, flu, allergies and more with no appointments and no waiting room. All you need is the LiveHealth Online mobile app or a computer with a webcam to have a video visit with a doctor.* LiveHealth Online costs as little as an office visit or at most \$49. Learn more at **livehealthonline.com**.

* Prescription availability is defined by physician judgment.



Your pharmacy benefits

Here's an overview to help you enroll.

Getting the medication you need is important for good health. Your plan will cover:

- Brand-name and generic drugs covered by your benefits. Your options include plans with different drug lists. Check your plan details to see which drug list the plan is using.
 - You can find out if the drug you take is included on the **Essential 4-tier** Drug List by visiting [anthem.com/abs/essentialdruglist](https://www.anthem.com/abs/essentialdruglist).
- Most specialty drugs if you have an ongoing health issue or serious illness.

Understand how your pharmacy benefits work

It's important to understand how your health plan works when you visit the pharmacy.

Your annual deductible

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

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

Save money with Tier 1 drugs





Drugs are listed in groups called "tiers." Your cost is based on which tier the drug is in. Lower-cost drugs and generics are usually in Tier 1 and 2. You can see from the chart that you'll save the most money when you use Tier 1 drugs. You'll pay more out of pocket for drugs in higher tiers.

What you pay after meeting your deductible

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

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

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


	Drug type	Cost
	Preferred generic	\$
	Preferred brand name and newer, more expensive generic drugs	\$\$
	Non-preferred brand and generic drugs	\$\$\$
	Preferred specialty drugs (brand and generic)	\$\$\$\$



Take advantage of your pharmacy benefits



Save money at a Level 1 pharmacy. You have many retail pharmacies to choose from. The pharmacies covered by your plan are either a Level 1 or Level 2 pharmacy. With the Rx Choice Tiered Network, you'll pay less out of pocket when you use a Level 1 pharmacy.

	Pharmacy network	Cost
	Level 1	\$
	Level 2	\$\$

It's easy to find a pharmacy in your plan, visit [anthem.com/pharmacyinformation/rxnetworks.html](https://www.anthem.com/pharmacyinformation/rxnetworks.html) and choose the **Rx Choice Tiered Network**.



Use generics for health — and wealth. Talk to your doctor about using a generic versus a brand-name drug. Because generics cost less than brand-name drugs, they'll save you money.



Use over-the-counter drugs when possible. For some health issues, you may not need to see a doctor for relief. Over-the-counter drugs can treat common health problems like allergies or an upset stomach. They aren't covered by your health plan, but you could save time and money without having to see a doctor for a prescription and they usually cost less. Keep a list of your over-the-counter drugs to show your doctor at the next visit, so he or she can make sure there are no drug interactions that could harm you.

Specialty drugs are covered if you need them

Specialty drugs are for people with serious health issues. They come in different forms like pills or liquids. And some need to be injected, inhaled or infused. These drugs often need special storage and handling, and may be given to you by a doctor or nurse.

To view a list of covered specialty drugs, visit [anthem.com/pharmacyinformation](https://www.anthem.com/pharmacyinformation) and see the Exclusive Specialty Drug List. Your plan may require you to use Accredited Specialty Pharmacy to get these drugs.

For more information about how your pharmacy benefits work, visit [anthem.com/faqs](https://www.anthem.com/faqs) then select your state then pharmacy.





Health and wellness programs support you along the way

Your plan goes way beyond covering doctor visits

We can help you reach your health goals and save money on health products and services. As a member, you have easy access to these programs and tools on the **Anthem Anywhere app** or by calling the Member Services number on your ID card.



24/7 NurseLine — Our registered nurses can answer your health questions wherever you are — any time, day or night. All you have to do is call.



ConditionCare — Get support from a dedicated nurse team if you have asthma, diabetes, heart disease or heart failure. You work with dietitians, health educators and pharmacists to help you reach your goals and feel your best.



Future Moms — Moms-to-be get one-on-one support from registered nurses to help them have a healthy pregnancy, a safe delivery and a healthy baby. The program also includes breastfeeding support on LiveHealth Online. You can visit a lactation consultant, counselor or registered dietitian through private and secure video using your mobile device or computer.



Health Assessment — Once you're a member, you'll have access to a Health Assessment on **anthem.com**. Answer a few questions and you'll get a health score with personalized tips on how to reach your healthy best.



LiveHealth Online — Using LiveHealth Online, you can have a video visit with a board-certified doctor or therapist on your smartphone, tablet or computer with a webcam. It's easy to use and there when you need it. All you have to do is sign up at **livehealthonline.com** or on the **Anthem Anywhere app**.



Your plan details

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

Your Summary of Benefits



SHOREWOOD SCHOOL DISTRICT Blue Preferred Plus/Blue Access \$2000 Option Effective 07/01/2019

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

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	\$2,000/\$4,000	\$4,000/\$8,000
Out-of-Pocket Limit (Single/Family)	\$3,000/\$6,000	\$6,000/\$12,000
Physician Home and Office Services (PCP/SCP) Primary Care Physician(PCP)/Specialty Care Physician (SCP) Including Office Surgeries and allergy serum:	\$25 / \$50	20%
· Allergy injections (PCP and SCP)	\$5	20%
· Allergy testing	0%	20%
· MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds and Pharmaceuticals	0%	20%
Preventive Care Services Services included but not limited to: Routine medical exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening. · Childhood Immunizations through age 18	No Cost Share	20%
Emergency and Urgent Care		
· Emergency Room Services (facility/other covered services) (copayment waived if admitted)	\$250	\$250
· Urgent Care Center Services	\$75	20%
· MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, Non-Maternity related Ultrasounds and Pharmaceuticals	0%	20%
· Allergy injections	\$5	20%
· Allergy testing	0%	20%
Inpatient and Outpatient Professional Services Include but are not limited to: · Medical Care visits, Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams	0%	20%
Inpatient Facility Services Unlimited days except for: · 60 days Network/Non-Network combined for physical medicine / rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) · 30 days per admission Network/Non-Network combined for skilled nursing facility	0%	20%
Outpatient Surgery Hospital / Alternative Care Facility · Surgery and administration of general anesthesia	0%	20%
Other Outpatient Services (including but not limited to): · Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services. · Home Care Services (Network/Non-network combined) 100 visits (excludes IV Therapy) · Durable Medical Equipment, Orthotics, and Prosthetics · Physical Medicine Therapy Day Rehabilitation programs · Ambulance Services	0%	20%
	0%	0%

Life and Disability products underwritten by Anthem Life Insurance Company. Anthem Blue Cross and Blue Shield is the trade name of Blue Cross Blue Shield of Wisconsin (BCBSWi), Comcare Health Services Insurance Corporation (Comcare) and Wisconsin Collaborative Insurance Company (WCIC). BCBSWi underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by Comcare or WCIC; Comcare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

Your Summary of Benefits



SHOREWOOD SCHOOL DISTRICT
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Covered Benefits	Network	Non-Network
Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility Limits apply to: <ul style="list-style-type: none"> Physical therapy: 20 visits Occupational therapy: 20 visits Speech therapy: 20 visits Cardiac Rehabilitation: 36 visits Pulmonary Rehabilitation: 20 visits Accidental Dental Coverage \$3000 per accident 	\$25 / \$50 0%	20% 20%
Behavioral Health Services: Mental Health and Substance Abuse <ul style="list-style-type: none"> Inpatient Facility Services Physician Home and Office Visits Other Outpatient Facility Services 	Benefits provided in accordance with Federal Mental Health Parity	20% 20% 20%
Human Organ and Tissue Transplants (1) <ul style="list-style-type: none"> Acquisition and transplant procedures, harvest and storage. 	No Cost Share	50%
Prescription Drugs (National):(2) Network Tier structure equals 1/2/3 (and 4 and 5 if applicable) <ul style="list-style-type: none"> Network Retail Pharmacies: (30 day supply) Includes diabetic test strip Home Delivery (90 day supply) Includes diabetic test strip - Member may be responsible for additional cost when not selecting the available generic drug. - Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits. 	Preventive Rx list \$0 / \$10 / \$30 / \$60 \$25 / \$75 / \$150	50% , min \$60(3) Not Covered

Notes:

- All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).
- Deductible(s) apply to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services where a copayment and a percentage(%) coinsurance applies and may not apply to some Behavioral Health services where coinsurance applies.
- Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other. Network and non-network deductibles are combined for 500 series plans.
- Dependent age: to the end of the month in which the child attains age 26.
- Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYN's, Geriatrics and Chiropractors or any other Network Provider as allowed by the plan.
- When allergy injections are rendered with a Physicians Home and office visit, only the office visit cost share applies.
- No Cost Share means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.
- Chiropractor Services are subject to the PCP cost share.
- Benefit period = Calendar Year

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SHOREWOOD SCHOOL DISTRICT **Blue Preferred Plus/Blue Access \$2000 Option** **Effective 07/01/2019**

- Hospital stay for Maternity Coverage will not be limited to less than 48 hours for a vaginal delivery or 96 hours for a caesarean section
- Mammograms (diagnostic) have no copayment/coinsurance up to the maximum allowable amount in Network office and outpatient facility settings.
- Behavioral Health: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.
- Private Duty Nursing - \$50,000 per Benefit Period and \$100,000 Lifetime
- Additional vision services covered as part of Preventive Services on series 500 plans.
- Home Care Services (Network and Non-network combined) are limited to 90 visits for 500 series plans.
- Hospice: No copayment/coinsurance up to the maximum allowable amount except 500 series plans are network copayment/coinsurance up to the maximum allowable amount.

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

(2) All prescription drug expenses except tier 1, (Network/Non-Network, Retail/Home-delivery combined) apply to the per individual RX deductible. Once the RX deductible is met, the appropriate copayment/coinsurance applies. Also, the Prescription Drug out of pocket maximum applies to Network Retail and Home-delivery combined.

(3) Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

Exclusions

Your Plan does not provide coverage for the following: · Services that are not Medically Necessary. · Experimental/Investigative Services. · Complications directly related to a service or treatment that is a non Covered Service under this Certificate because it was determined by Us to be Experimental/ Investigative or non Medically Necessary. · Services received from a non-covered Provider. · For any condition arising out of and in the course of employment if benefits are available under any Worker's Compensation Act or other similar law. · Services provided by any governmental unit, unless otherwise required by law. · For any illness or injury that occurs while serving in the armed forces, including as a result of any act of war, whether declared or undeclared. · For a condition resulting from direct participation in a riot, civil disobedience, nuclear explosion, or nuclear accident. · For court ordered testing or care unless Medically Necessary. · For which you have no legal obligation to pay in the absence of this or like coverage. · For any Pre-Existing Condition for the time period specified in the Certificate. · Charges that are not documented in Provider records. · For mileage, lodging, and meals costs, and other Member travel related expenses, except as authorized by Us or specifically stated as a Covered Service. · For which benefits are payable under Medicare. · Charges in excess of Our Maximum Allowable Amounts. · Incurred prior to your Effective Date or after coverage ends. · For any procedures, services, Prescription Drugs, equipment, or supplies provided in connection with cosmetic services. This does not apply to services required as a result of an accident, to correct a birth defect, or as part of breast reconstruction following a mastectomy. Complications directly related to cosmetic services treatment or surgery are also not covered. · For maintenance therapy, which is treatment given when no additional progress is apparent or expected to occur. · Custodial Care, convalescent care or rest cures. · Care provided or billed by residential treatment centers or facilities, unless those centers or facilities are required to be covered under state law. · For dental treatment, regardless of origin or cause, except as specified in the Certificate. · Weight loss programs except as specifically listed in the Certificate. · For bariatric surgery, regardless of the purpose it is proposed or performed for. Complications directly related to bariatric surgery are also not covered. · For marital counseling. · For prescription, fitting, or purchase of eyeglasses or contact lenses except as otherwise specifically stated in the Certificate. · For hearing aids or examinations for prescribing or fitting them. This exclusion does not apply to hearing aids or examinations required for children under age 18 who are receiving the benefits described in the "Covered Services" section. · For testing or treatment related to infertility. · For personal hygiene, environmental control, or convenience items including but not limited to air conditioners, physical fitness equipment, or charges from a health spa or similar facility. · For care received in an emergency room that is not Emergency Care, except as specified in the Certificate. · For eye surgery to correct errors of refraction, such as near-sightedness, including without limitation LASIK, radial keratotomy or keratomileusis, or excimer laser refractive keratectomy. · For Private Duty Nursing Services rendered in a Hospital or Skilled Nursing Facility. · Nutritional or dietary supplements. · For (services or supplies related to) alternative or complementary medicine, including but not limited to acupuncture, holistic medicine, hypnosis, massage therapy, and neurofeedback. · Treatment of varicose veins or spider veins. · Services for, and related to, many forms of immunotherapy including oral immunotherapy, low dose sublingual immunotherapy, and immunotherapy for food allergies. · Spinal decompression devices. This includes, but is not limited to, Vertebral Axial Decompression (Vax-D) and DRX9000. · Prescription Drugs dispensed by any Mail Service program other than Our Mail Service, unless prohibited by law. · Drugs in quantities exceeding the quantity prescribed, or for any refill dispensed later than one year after the date of the original Prescription Order. · Drugs not approved by the FDA. · Drugs not requiring a Prescription by federal law (including Drugs requiring a Prescription by state law, but not by federal law), except for injectable insulin. · Drugs in quantities that exceed the limits established by the Plan, or which exceed any age limits established by Us. · Drugs to eliminate or reduce dependency on, or addiction to tobacco and tobacco products.

We conduct a variety of quality improvement programs to evaluate, monitor and improve our plans. The purpose of these programs is to measure member satisfaction and quality of care. Providers are also required to participate in a strict certification process. If you have questions or concerns about the programs, you may contact us at (800) 310-9975.

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Precertification:

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

Pre-Existing Exclusion Period:None.

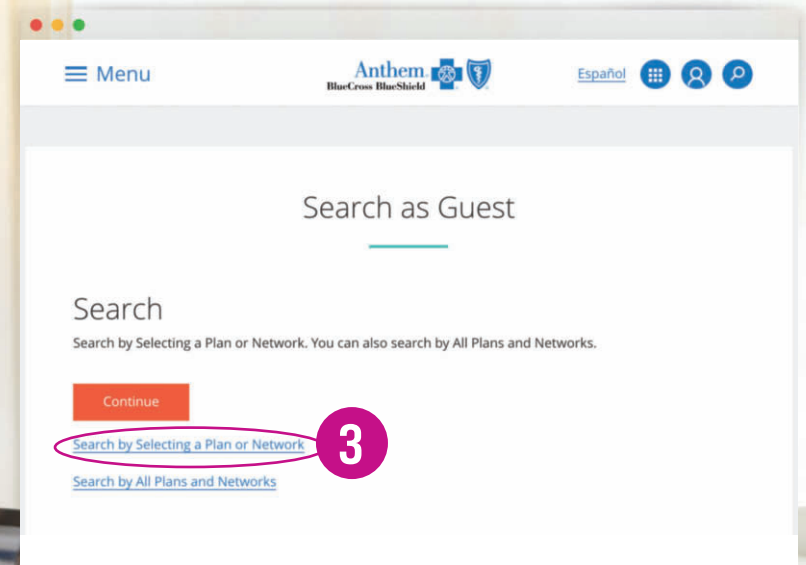
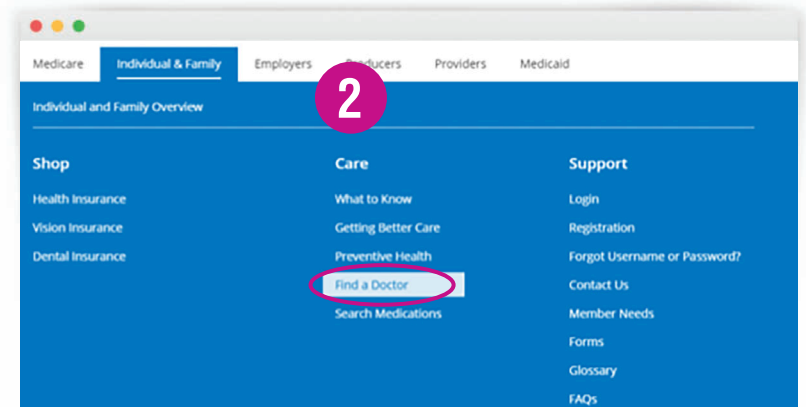
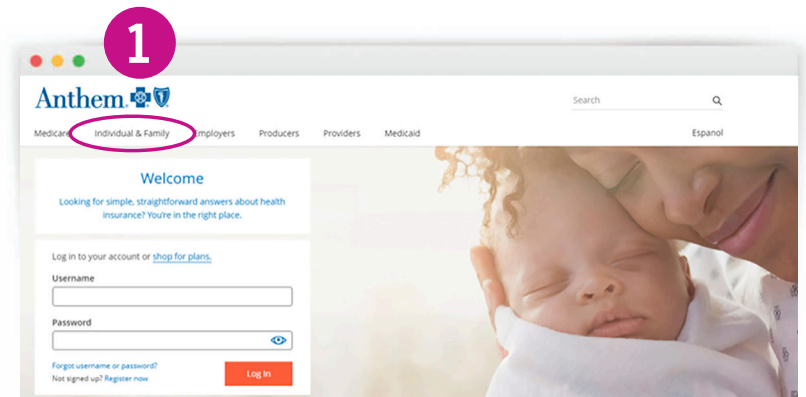
This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract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

Is your doctor in the Blue Preferred network?

Find out online – it's fast and easy.

Welcome to the Blue Preferred network! One of the first questions you may have is if your doctor is in the network. In just minutes, you can find out using our **Find a Doctor** online tool. You can even look for hospitals, labs and other health care providers in the network. Here's how:

- 1 Go to **anthem.com** and choose **Individual & Family**.
- 2 Under Care in the middle of the page, select **Find a Doctor**.
- 3 Choose **Search by selecting a Plan or Network**.



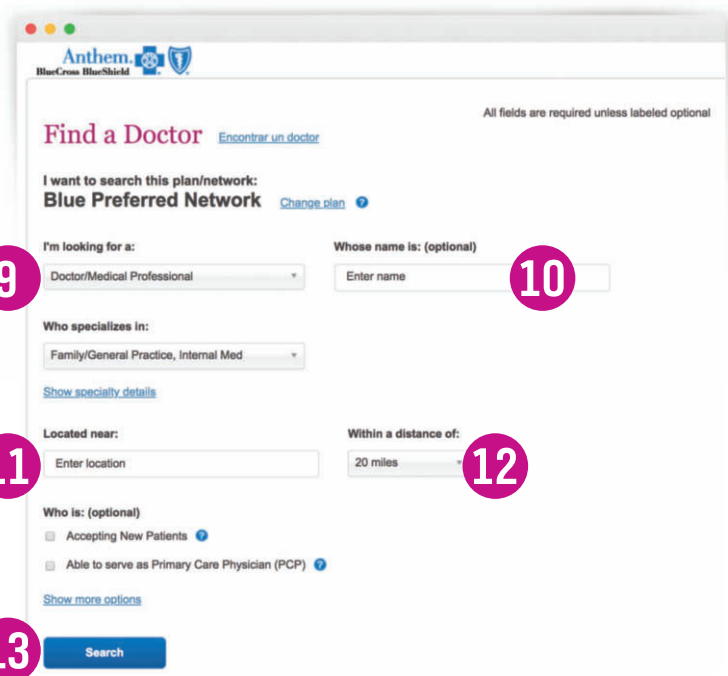
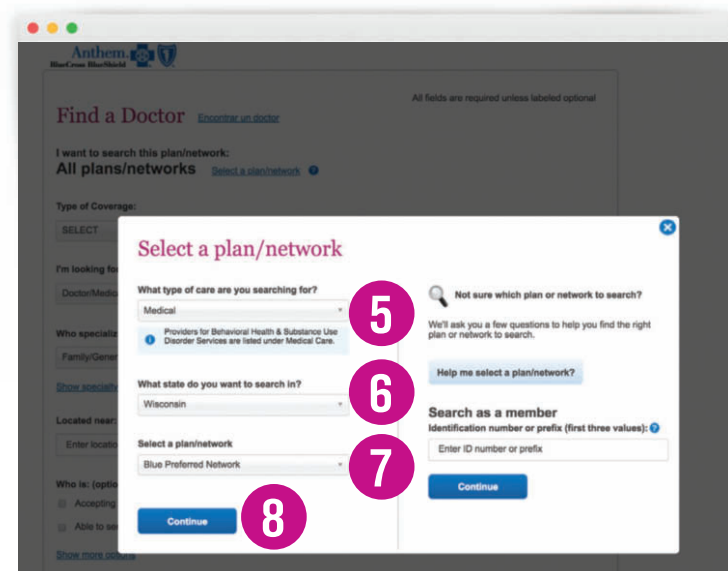
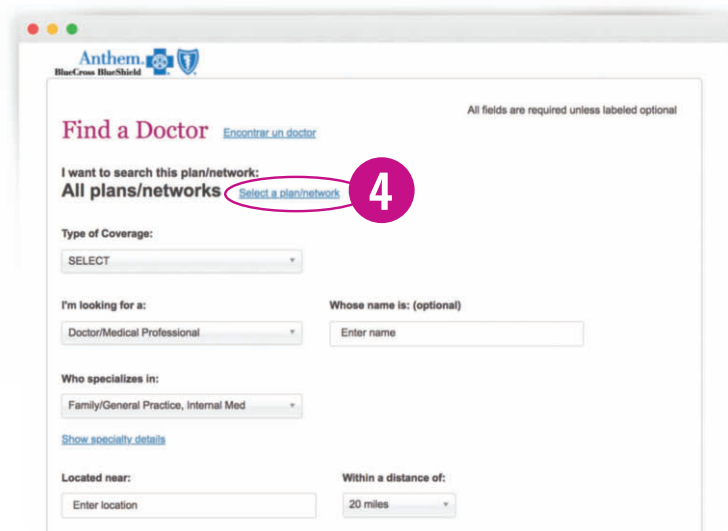
What if your doctor isn't in the plan?

Give us a call at the phone number on the back of your ID Card. We'll help you get care that's covered and saves you money.



Just a bit more to go. Read on to complete the steps.

- 4 Choose **Select a plan/network**.
- 5 Select “Medical” as the type of care you are searching for.
- 6 Choose “Wisconsin” as the state you are searching in.
- 7 Select “Blue Preferred Network” as the plan/network.
- 8 Click **Continue**.
- 9 Choose the type of provider you are looking for.
- 10 To narrow down your results even more, add the name of the provider.
- 11 Provide the city, state or ZIP code.
- 12 Enter the search distance.
- 13 You're almost there! Choose **Search** to see your results.



Find a doctor anytime, anywhere with the Anthem Anywhere app.

It's quick, convenient and free! Download it from the App Store® or Google Play™.



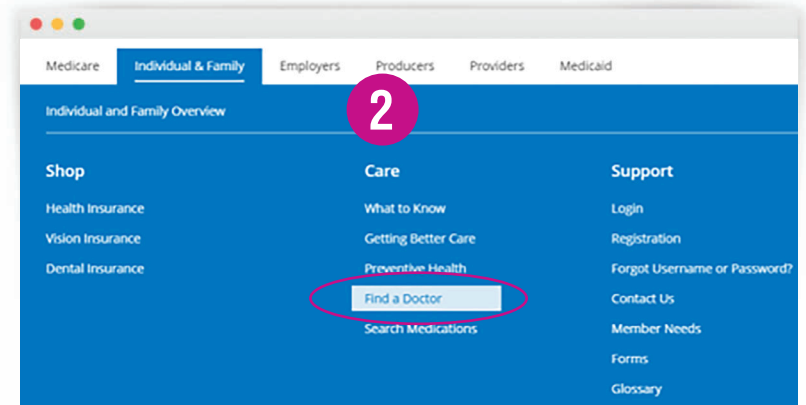
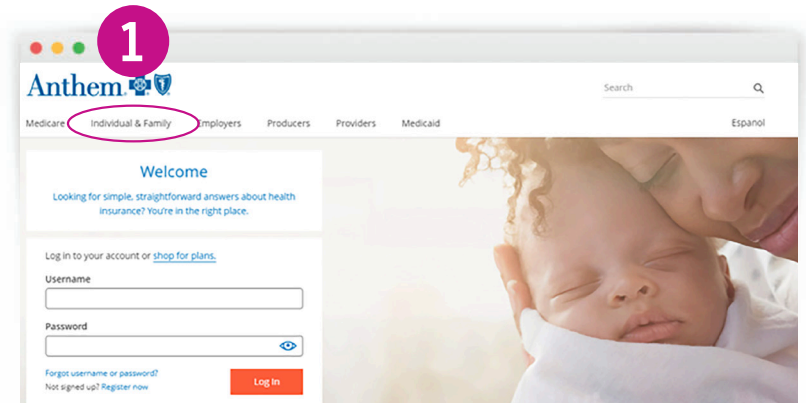
Is your doctor in the Blue Access (PPO) network?



Find out online – it's fast and easy.

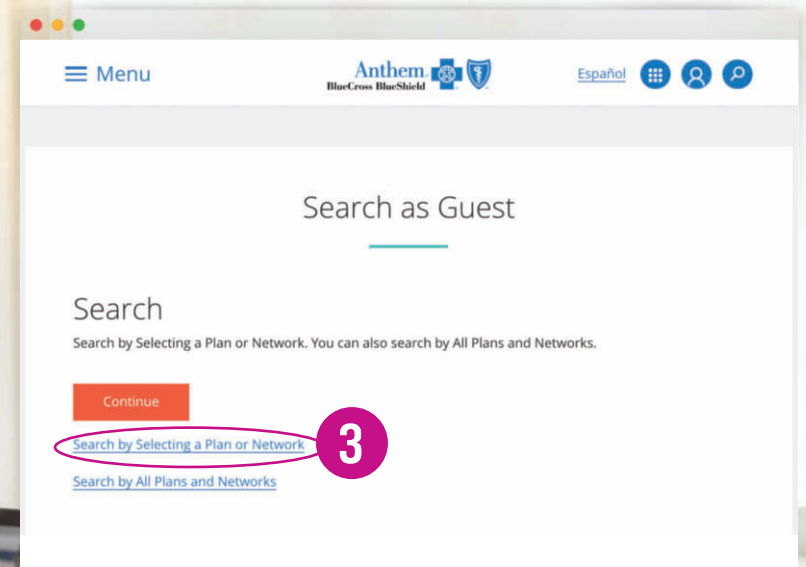
Welcome to the Blue Access (PPO) network! One of the first questions you may have is if your doctor is in the network. In just minutes, you can find out using our **Find a Doctor** online tool. You can even look for hospitals, labs and other health care providers in the network. Here's how:

- 1 Go to **anthem.com** and choose **Individual & Family**.
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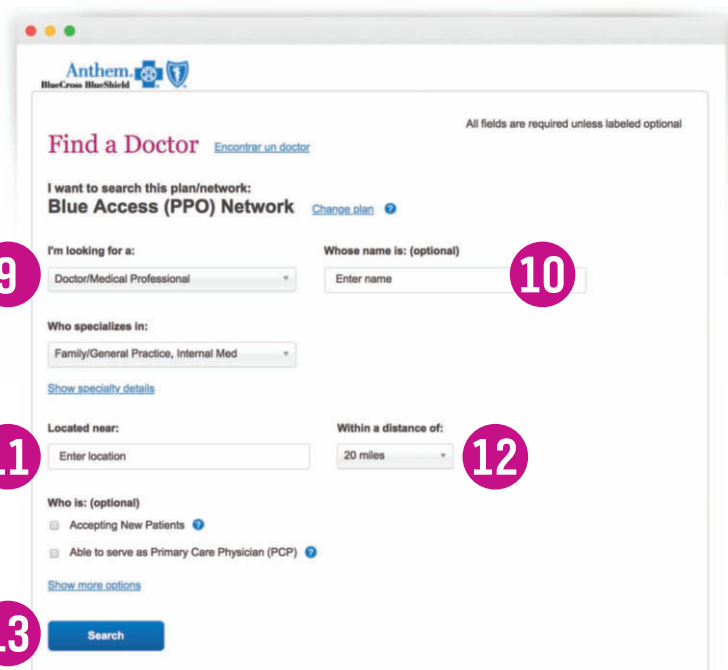
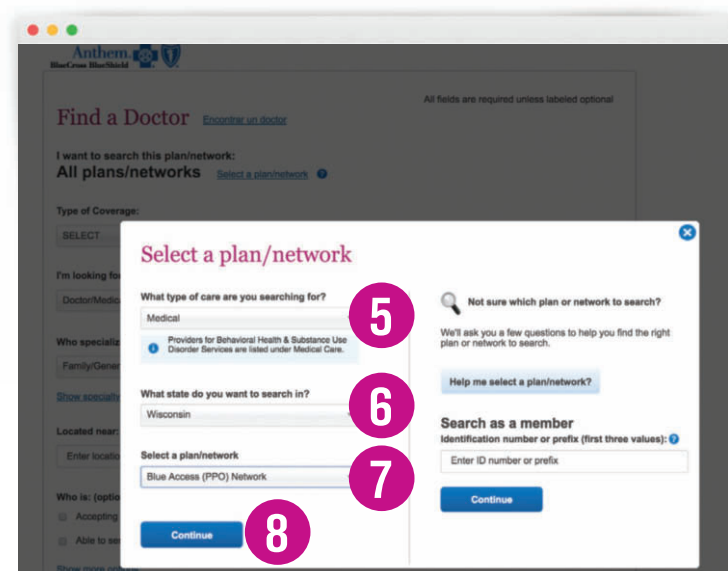
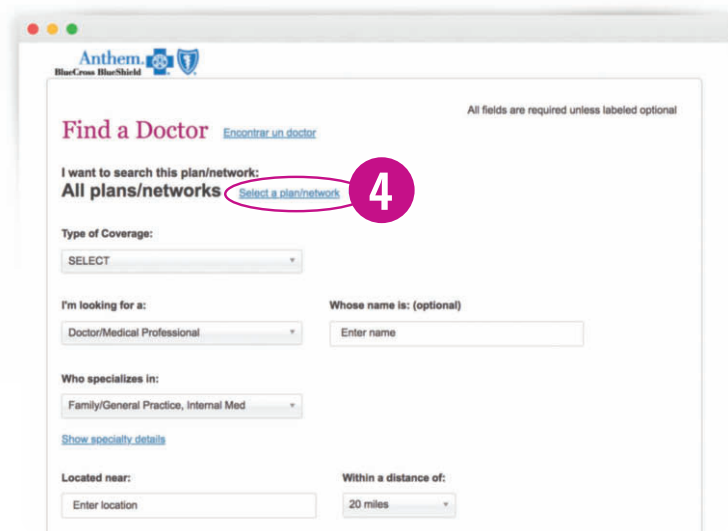


What if your doctor isn't in the plan?

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- 5 Select “Medical” as the type of care you are searching for.
- 6 Choose “Wisconsin” as the state you are searching in.
- 7 Select “Blue Access (PPO) Network” as the plan/network.
- 8 Click **Continue**.
- 9 Choose the type of provider you are looking for.
- 10 To narrow down your results even more, add the name of the provider.
- 11 Provide the city, state or ZIP code.
- 12 Enter the search distance.
- 13 You’re almost there! Choose **Search** to see your results.



Find a doctor anytime, anywhere with the Anthem Anywhere app.

It's quick, convenient and free! Download it from the App Store® or Google Play™.



Simple. Convenient. Smart.

Anthem.com at your service when you need it!



See your benefits

Check what your plan covers and how much you might pay for care.



Find a doctor

Look for doctors in your plan and save on care.



Check your claims

See what's covered and what you owe for care.



Get your medication

Refill your prescriptions online.



Get discounts

Save on health-related products and services.



Estimate your costs

Compare costs and quality for common procedures.



Manage your health care accounts

Pay or reimburse yourself for health care expenses. See your account balance anytime.



You can do more in less time — just log in at anthem.com.

Don't forget: You can have your health information at your fingertips anytime through the Anthem Anywhere mobile app.



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No appointment needed, no waiting room – no need to leave home

Using LiveHealth Online, you can have a visit with a doctor on your smartphone, tablet or computer – no appointment required.

When you're not feeling well, the last thing you want to do is leave the house. LiveHealth Online gives you the option of staying home and having a video visit with a board-certified doctor, 24/7 – no appointment needed. Just log in at livehealthonline.com or use the app, and see a doctor in a few minutes.

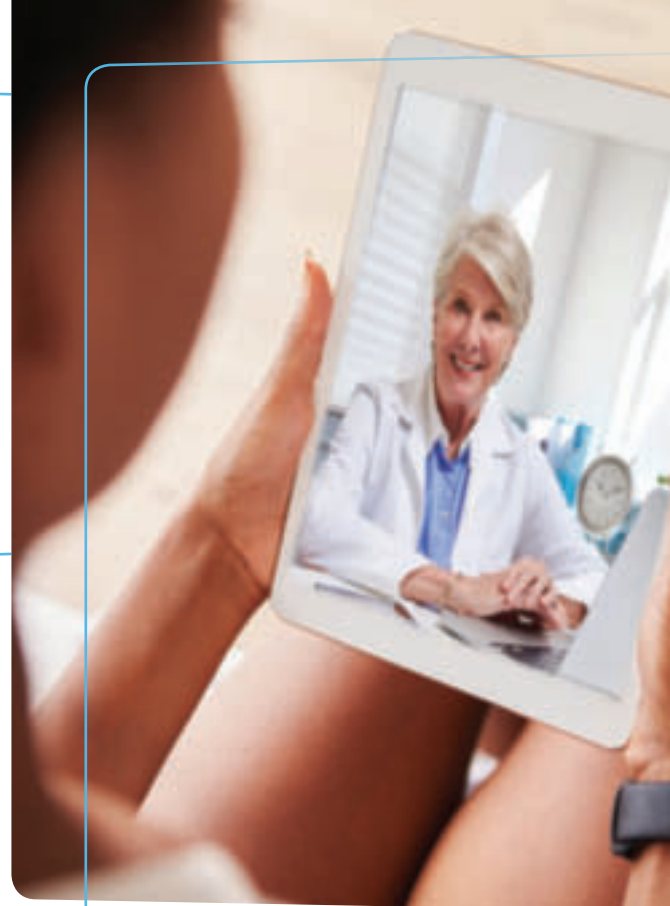
When your own doctor isn't available, use LiveHealth Online if you have:

- Pinkeye
- A cold
- The flu
- A fever
- Allergies
- A sinus infection
- And more

A doctor can assess your condition, provide a treatment plan and even send a prescription to your pharmacy, if it's needed.*

What will a visit cost?

Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs – usually \$49 or less.



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

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



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

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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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 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, exams and checkups.

Get the support you need

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

- ConditionCare: 866-962-0957
- Future Moms: 800-828-5891
- 24/7 NurseLine: 800-337-4770



Live life to the fullest – without paying full price



Save money with discounts at anthem.com

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

Vision and hearing

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

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

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

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

Fitness and health

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

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

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

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



Special Offers on anthem.com

Family and home

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

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

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

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

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

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

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

Medicine and treatment

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

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

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

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

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



* All discounts are subject to change without notice.

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

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Take care of yourself

Use your preventive care benefits

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

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

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

Preventive vs. diagnostic care

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

Adult preventive care

Preventive physical exams

Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)³
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening*
- Eye chart test for vision²
- Hearing screening
- Height, weight and body mass index (BMI)
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years³
- Obesity: related screening and counseling*
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

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

Women's preventive care:

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

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

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

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

Child preventive care

Preventive physical exams

Screening tests:

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

Immunizations:

- Chickenpox
- Flu
- Haemophilus 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 other pharmacy items listed here, you must:

- Meet certain age requirements and other rules.
- Get prescriptions from plan providers and fill them at plan pharmacies.
- Have prescriptions, even for OTC items.

Adult preventive drugs and other pharmacy items — age appropriate:

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease, preeclampsia and colorectal cancer by adults less than 70 years old.
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Generic low to moderate dose statins for members that are 40–75 years and have 1 or more CVD risk factors (dyslipidemia, diabetes, hypertension, or smoking)
- Tobacco-cessation products, including all FDA-approved brand and generic OTC and prescription products, for those ages 18 and older

Child preventive drugs and other pharmacy items — age appropriate:

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

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 spermicides^{6,8,9}
- 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 get pregnant

Breast cancer risk-reducing medications, such as tamoxifen and raloxifene, that follow the U.S. Preventive Services Task Force criteria³

For a complete list of covered preventive drugs under the Affordable Care Act, view the Preventive ACA Drug List flier available 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 Some plans cover additional vision services. Please see your contract or **Certificate of Coverage** for details.

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

4 Check your medical policy for details.

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

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

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

8 A cost share may apply for other prescription contraceptives, based on your drug benefits.

9 Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.

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

Why wait in line at the drugstore if you don't have to? If you take prescribed medicine on a regular basis, you can get up to a 90-day supply delivered to your door.¹ And depending on your plan, you may save on copays because the cost of a 90-day supply of many drugs is usually less than three 30-day refills. On average, members save up to 25% on their copay when they use home delivery.² Standard shipping is free, and you can even set up automatic refills.

Getting started with home delivery is easy:



1. Go online to get a prescription order form.

Visit anthem.com, choose **Manage Your Prescriptions** from the home page and log in with your username and password. If you haven't signed up on the site yet, you'll need to do that first.

On your personal pharmacy page, select **Start a New Prescription**.

That'll take you to the site of the company that helps manage our prescription benefits.³ There, you can download and print the **physician fax form** or, if you already have a new prescription for a 90-day supply of medicine from your doctor, download the home delivery mail form. You'll use one of these forms to send in your prescription.



2. Get a new prescription from your doctor for home delivery.

You'll need an up-to-90-day supply prescription. Your doctor can send in your prescription through eprescribe or fax it using the **physician fax form** from step 1.

Also ask your doctor for a 30-day prescription. Get this filled at your regular pharmacy to make sure you have enough medicine to last until you get your first home delivery prescription.

Need help?

Call the home delivery pharmacy at 1-866-216-5548 and we'll get you started.



3. Send in your prescription

Fill out the home delivery order form and mail it to the address on the form. Be sure to include prescription and payment information along with it.

or

Your doctor can fill out the physician fax form and fax or efax it to the number on the form.



4. Pay for your prescription.

You can pay by check, echeck, money order, credit or debit card, flexible spending account or health savings account.

You can sign up for e-payments or have your credit card on file online. To set up your payments, go to anthem.com, choose **Manage Your Prescriptions** from the home page and log in. Then, select **Start a New Prescription**. Once you're on our prescription benefit manager's site, select **My Account** to choose how you'd like to pay.

If you want to use our Home Delivery Pharmacy and are enrolled in a program that helps you with your copay or if you use manufacturer coupons to help pay for prescriptions, you'll need to give the program or manufacturer detailed claim information and a receipt to get paid back. The company that manages our prescription benefits can't bill us or these third parties for prescriptions you fill through home delivery.

A few important things to know

- If your doctor prescribes a brand-name drug, your pharmacy plan may require the home delivery pharmacy to send a generic version instead.
- All prescriptions and refills, including those sent by your doctor, will be filled as soon as the home delivery pharmacy gets them.
- In most cases, your first order will arrive within two weeks after the home delivery pharmacy gets it. After that, the orders will arrive within one week.
- If you need your medicine sooner, you can call the home delivery pharmacy and ask for overnight delivery. It will still take 3 to 5 days to process the order, plus the shipping time. You'll be charged extra for the faster shipping.
- Your orders will be delivered by the U.S. Postal Service, UPS or FedEx.
- With some drugs, you may need to sign to accept delivery.⁴

¹ Supplies are based on your pharmacy plan design.

² Express Scripts internal data, 2017.

³ Express Scripts is a separate company that manages pharmacy services for our health plan members.

⁴ Drugs that are defined as controlled substances are highly regulated, which requires the home delivery pharmacy to follow special rules for filling these prescriptions.

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Let's talk about your privacy and rights

Safeguarding your information

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

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

How we help manage your care

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

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



Notes



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Notes



Notes



We've got your back!



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

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