

Choosing and using your plan

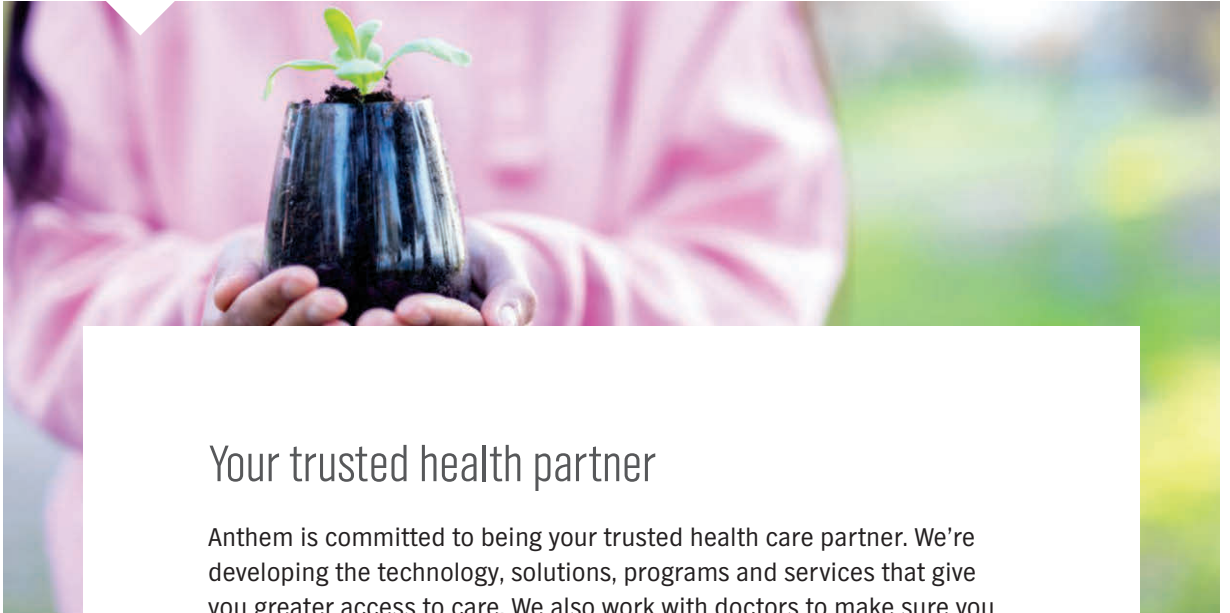
Your guide to open enrollment and
making the most of your benefits



Gem CW Holdings
Your Anthem Benefits
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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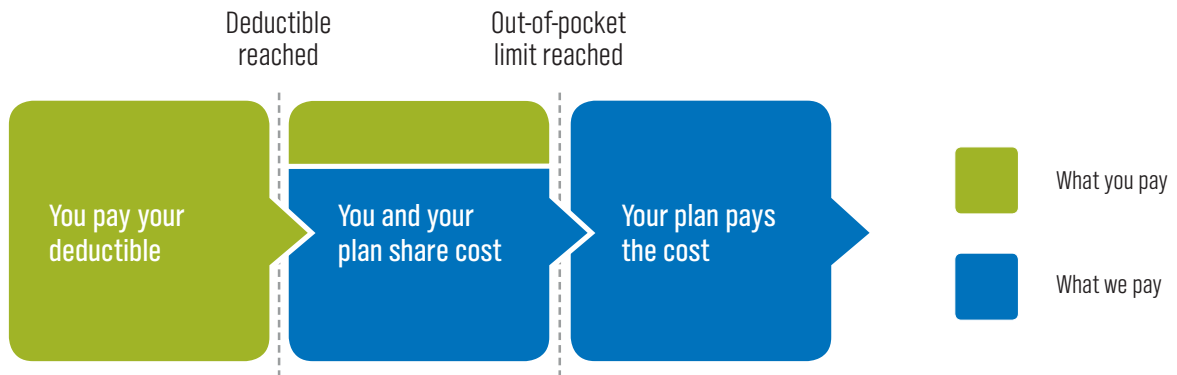


The basics explained

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>You can use your HSA/FSA/HRA toward your deductible.</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

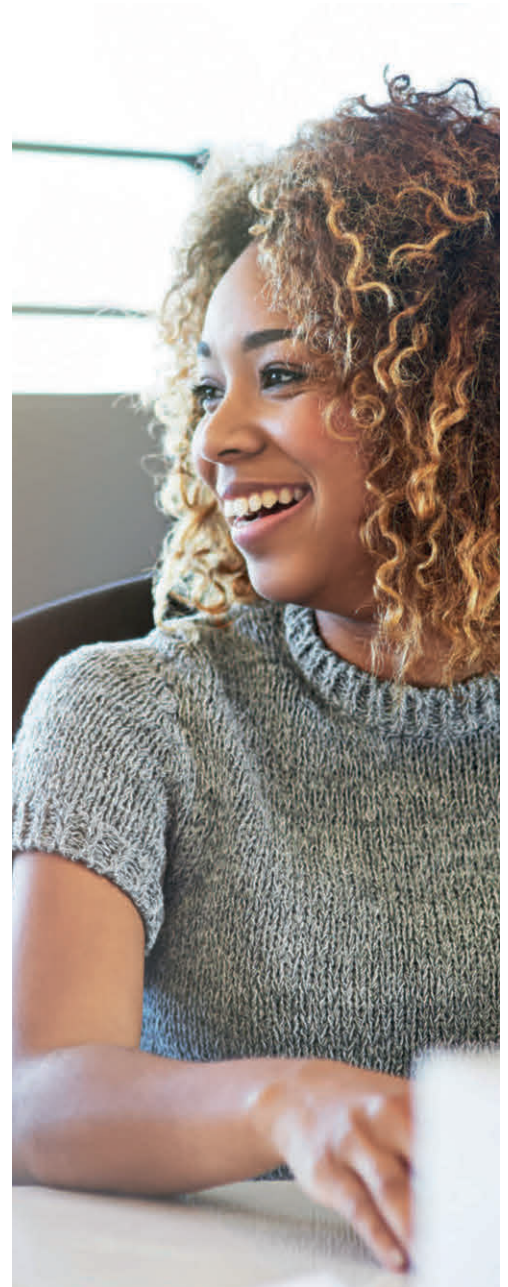
Let's take a look at the plan your employer is offering.

Health Savings Account

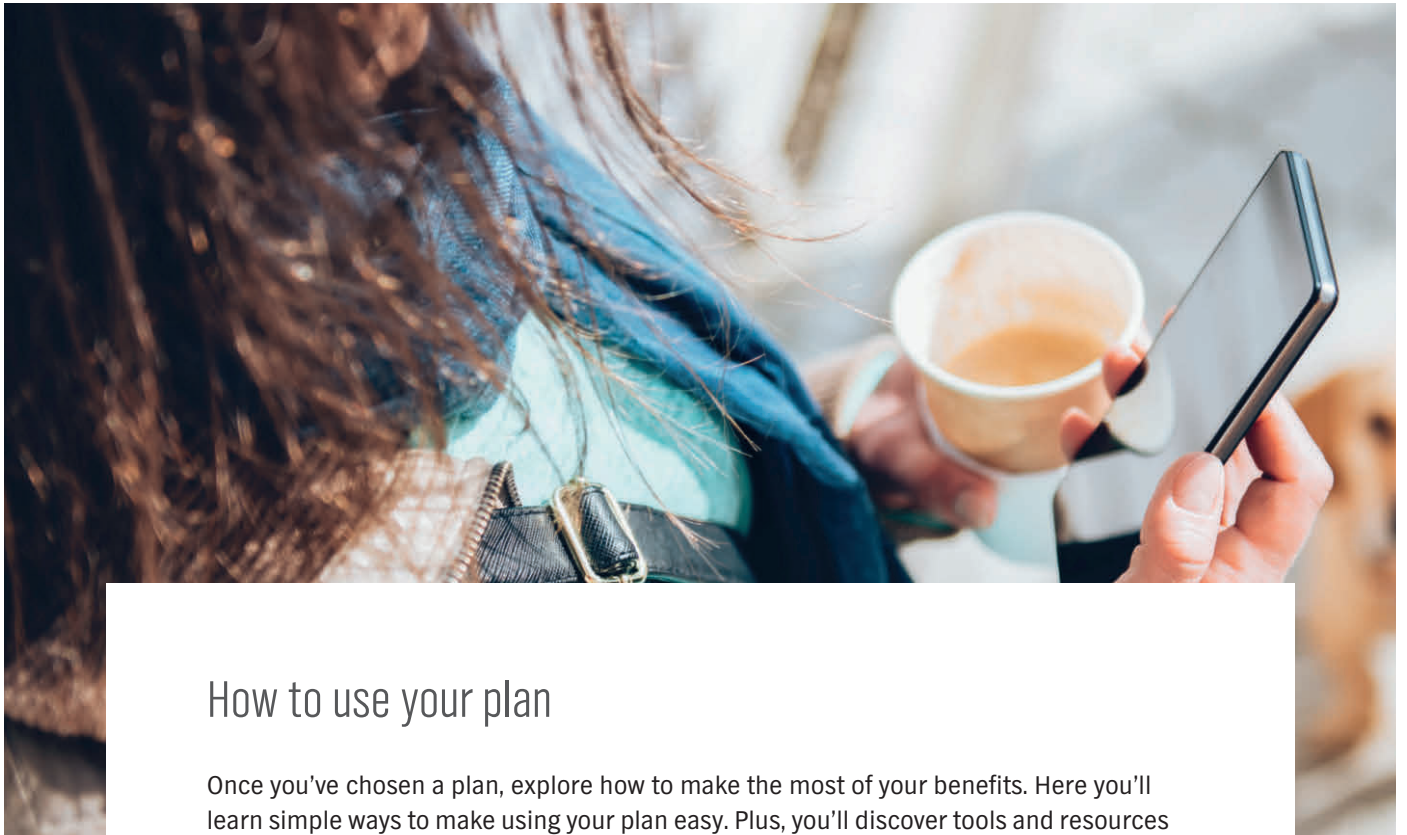
An HSA allows you to set aside pre-tax dollars to pay for care when you need it, now or in the future. You can use money in the account to pay for qualified medical expenses like hospital visits, prescription drugs or copays for doctor visit.¹

- 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.
- All the money in your HSA rolls over from year to year, and it's yours even if you change health plans, jobs or retire.
- The money you put into your HSA, any interest you earn and even the money you take out to pay for health care is all tax-free.
- You can contribute up to \$3,600 for individuals and \$7,200 for families.¹
- If you're 55 or older you can contribute an extra \$1,000 a year.

Watch our HSA Basics video to learn more.



1. For a full list of qualified expenses for an individual, visit [anthem.com/qme](https://www.anthem.com/qme). Veterans who have received medical benefits from the VA, due to a service-connect disability, are eligible to receive or make HSA contributions. Visit the IRS website at [irs.gov/irb/2004-33_IRB](https://www.irs.gov/irb/2004-33_IRB) for more information.



How to use your plan

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



How to use your plan

Use your ID card right from your phone

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

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

Register for online tools and resources

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

- Quickly access your digital ID card.
- Find a doctor and estimate your costs before you go.
- View your claims, see what's covered and what you may owe for care.
- Check your spending account balances.
- 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.



Your summary of benefits



Anthem® Blue Cross and Blue Shield

Your Plan: Gem CW Holdings LLC.-Anthem Blue Access PPO HSA with Essential Rx Formulary on the National w/R90 Network and Optional Home Delivery

Your Network: Blue Access

Effective: January 01, 2021

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible	\$3,000 person / \$6,000 family	\$9,000 person / \$18,000 family
Out-of-Pocket Limit	\$4,000 person / \$8,000 family	\$12,000 person / \$24,000 family
<p>The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.</p>		
Preventive Care / Screening / Immunization	No charge	40% coinsurance after deductible is met
<u>Doctor Home and Office Services</u>		
Primary Care Visit	10% coinsurance after deductible is met	40% coinsurance after deductible is met
Specialist Care Visit	10% coinsurance after deductible is met	40% coinsurance after deductible is met
Prenatal and Post-natal Care	10% coinsurance after deductible is met	40% coinsurance after deductible is met
<u>Other Practitioner Visits:</u>		
Retail Health Clinic	10% coinsurance after deductible is met	40% coinsurance after deductible is met
On-line Visit <i>Includes Mental/Behavioral Health and Substance Abuse</i>	10% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Manipulation Therapy <i>Coverage is limited to 12 visits per benefit period.</i>	10% coinsurance after deductible is met	40% coinsurance after deductible is met
<u>Other Services in an Office:</u> Allergy Testing Chemo/Radiation Therapy Dialysis/Hemodialysis Prescription Drugs - <i>Dispensed in the office</i>	10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met
<u>Diagnostic Services</u> Lab: Office Outpatient Hospital	10% coinsurance after deductible is met 10% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met
X-Ray: Office Outpatient Hospital	10% coinsurance after deductible is met 10% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met
Advanced Diagnostic Imaging: Office Outpatient Hospital	10% coinsurance after deductible is met 10% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met
<u>Emergency and Urgent Care</u> Urgent Care	10% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Emergency Room Facility Services	10% coinsurance after deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	10% coinsurance after deductible is met	Covered as In-Network
<u>Ambulance</u>	10% coinsurance after deductible is met	Covered as In-Network
<u>Outpatient Mental/Behavioral Health and Substance Abuse</u> Doctor Office Visit Facility Visit: Facility Fees Doctor Services	10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met	Covered as In-Network 40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met
<u>Outpatient Surgery</u> Facility Fees: Hospital Doctor and Other Services: Hospital	10% coinsurance after deductible is met 10% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met
<u>Hospital (Including Maternity, Mental / Behavioral Health, Substance Abuse):</u> Facility Fees <i>Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 60 days per benefit period.</i> Human Organ and Tissue Transplants <i>Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.</i> Doctor and other services	10% coinsurance after deductible is met 10% coinsurance after deductible is met 10% coinsurance after deductible is met	40% coinsurance after deductible is met 40% coinsurance after deductible is met 40% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><u>Recovery & Rehabilitation</u></p> <p>Home Health Care Coverage is limited to 100 visits per benefit period.</p> <p>Private Duty Nursing – Coverage is limited to 82 visits per benefit period.</p>	10% coinsurance after deductible is met	40% coinsurance after deductible is met
<p>Rehabilitation services:</p> <p>Office Coverage for Occupational Therapy is limited to 20 visits per benefit period, Physical Therapy is limited to 20 visits per benefit period and Speech Therapy is limited to 20 visits per benefit period. Limit is combined for rehabilitative and habilitative services.</p> <p>Outpatient Hospital Coverage for Occupational Therapy is limited to 20 visits per benefit period, Physical Therapy is limited to 20 visits per benefit period and Speech Therapy is limited to 20 visits per benefit period. Limit is combined for rehabilitative and habilitative services.</p>	10% coinsurance after deductible is met	40% coinsurance after deductible is met
<p>Cardiac rehabilitation</p> <p>Office Coverage is limited to 36 visits per benefit period.</p> <p>Outpatient Hospital Coverage is limited to 36 visits per benefit period.</p>	10% coinsurance after deductible is met	40% coinsurance after deductible is met
<p>Skilled Nursing Care (facility) Coverage for Skilled Nursing is limited to 100 days per benefit period.</p>	10% coinsurance after deductible is met	40% coinsurance after deductible is met
<p>Hospice</p>	10% coinsurance after deductible is met	10% coinsurance after deductible is met
<p>Durable Medical Equipment</p>	10% coinsurance after deductible is met	40% coinsurance after deductible is met
<p>Prosthetic Devices</p>	10% coinsurance after deductible is met	40% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	Combined with medical deductible	Combined with medical deductible
Pharmacy Out of Pocket	Combined with medical	Combined with medical
Prescription Drug Coverage <i>National Network with R90</i> <i>Essential Drug List</i> <i>This product has a 90-day Retail Pharmacy Network available. No coverage for non-formulary drugs.</i>		
Preventive Drugs <i>This plan has Preventive RX coverage that allows the member designated Preventive drugs without application to Deductible or cost share.</i>		
Preventive Rx	\$0 copay per prescription, deductible does not apply (retail and home delivery)	Not covered (retail and home delivery)
Tier 1 - Typically Generic <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$10 copay per prescription after deductible is met (retail and home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$35 copay per prescription after deductible is met (retail) and \$88 copay per prescription after deductible is met (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$70 copay per prescription after deductible is met (retail) and \$175 copay per prescription after deductible is met (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Tier 4 - Typically Specialty (brand and generic) 30 day supply (retail pharmacy). 30 day supply (home delivery).	25% coinsurance up to \$200 per prescription after deductible is met (retail and home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)

Notes:

- Benefit Period: Calendar Year
- Dependent age: to end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- If your plan includes out-of-network benefits, In-network and out-of-network deductibles, copayments, coinsurance and out-of-pocket maximum amounts are separate and do not accumulate toward each other.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

Your Plan: Gem CW Holdings, LLC.-Anthem Blue Access PPO HSA

Your Network: Blue Access

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.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature (if applicable)	Date
Underwriting signature (if applicable)	Date

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (833) 639-1634

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (833) 639-1634.

Armenian (հայերեն). Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (833) 639-1634:

Chinese(中文): 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電(833) 639-1634。

Farsi (فارسی): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (833) 639-1634 تماس بگیرید.

French (Français): Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (833) 639-1634.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (833) 639-1634.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (833) 639-1634.

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(833) 639-1634 にお電話ください。

Language Access Services:

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(833) 639-1634로 문의하십시오.

Navajo (Diné): Dii naaltsoos biká'ígíí lahgo bina'idiikidgo ná bohónéedzǎ dóó bee ahóót'i' t'áá ni nizaad k'ehjí bee nií hodoonih t'áadoo bááh ilnígóó. Ata' halne'ígíí la' bich'í' hadeesdzih ninizingo kojí' hodiílnih (833) 639-1634.

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (833) 639-1634.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਬਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (833) 639-1634 ਤੇ ਕਾਲ ਕਰੋ।

Russian (Русский): если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (833) 639-1634.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (833) 639-1634.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (833) 639-1634.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (833) 639-1634.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Your summary of benefits



Anthem® Blue Cross and Blue Shield

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Your Network: Blue Access

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Overall Deductible	\$4,000 person / \$8,000 family	\$10,000 person / \$20,000 family
Out-of-Pocket Limit	\$6,000 person / \$12,000 family	\$20,000 person / \$40,000 family
<p>The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.</p>		
Preventive Care / Screening / Immunization	No charge	50% coinsurance after deductible is met
<p><u>Doctor Home and Office Services</u></p> <p>Primary Care Visit <i>When Allergy injections are billed separately by network providers, the member is responsible for \$10 copay after deductible is met. When billed as part of an office visit, there is no additional cost to the member for the injection.</i></p>	0% coinsurance after deductible is met	50% coinsurance after deductible is met
<p>Specialist Care Visit <i>When Allergy injections are billed separately by network providers, the member is responsible for \$10 copay after deductible is met. When billed as part of an office visit, there is no additional cost to the member for the injection.</i></p>	\$100 copay per visit after deductible is met	50% coinsurance after deductible is met
Prenatal and Post-natal Care	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<p><u>Other Practitioner Visits:</u></p> <p>Retail Health Clinic</p>	0% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Preferred On-line Visit <i>Includes Mental/Behavioral Health and Substance Abuse</i>	\$10 copay per visit after deductible is met	50% coinsurance after deductible is met
Other Participating Provider On-line Visit <i>Includes Mental/Behavioral Health and Substance Abuse</i>	0% coinsurance after deductible is met	50% coinsurance after deductible is met
Manipulation Therapy <i>Coverage is limited to 12 visits per benefit period.</i>	\$100 copay per visit after deductible is met	50% coinsurance after deductible is met
<u>Other Services in an Office:</u> Allergy Testing Chemo/Radiation Therapy - PCP Chemo/Radiation Therapy - Specialist Dialysis/Hemodialysis Prescription Drugs - <i>Dispensed in the office</i>	20% coinsurance after deductible is met 0% coinsurance after deductible is met \$100 copay per visit after deductible is met \$100 copay per visit after deductible is met 20% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met 50% coinsurance after deductible is met
<u>Diagnostic Services</u> Lab: Office Outpatient Hospital	0% coinsurance after deductible is met 20% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met
X-Ray: Office Outpatient Hospital	0% coinsurance after deductible is met 20% coinsurance after deductible is met	50% coinsurance after deductible is met 50% coinsurance after deductible is met

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Advanced Diagnostic Imaging:</p> <p>Office</p> <p>Outpatient Hospital</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p><u>Emergency and Urgent Care</u></p> <p>Urgent Care <i>When Allergy injections are billed separately by network providers, the member is responsible for \$10 copay after deductible is met. When billed as part of an office visit, there is no additional cost to the member for the injection.</i></p>	<p>\$50 copay per visit after deductible is met</p>	<p>50% coinsurance after deductible is met</p>
<p>Emergency Room Facility Services</p> <p>Emergency Room Doctor and Other Services</p>	<p>\$250 copay per visit and 20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>Covered as In-Network</p> <p>Covered as In-Network</p>
<p><u>Ambulance</u></p>	<p>20% coinsurance after deductible is met</p>	<p>Covered as In-Network</p>
<p><u>Outpatient Mental/Behavioral Health and Substance Abuse</u></p> <p>Doctor Office Visit</p> <p>Facility Visit:</p> <p>Facility Fees</p> <p>Doctor Services</p>	<p>0% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p><u>Outpatient Surgery</u></p> <p>Facility Fees:</p> <p>Hospital</p>	<p>20% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Doctor and Other Services:</p> <p>Hospital</p>	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<p><u>Hospital (Including Maternity, Mental / Behavioral Health, Substance Abuse):</u></p> <p>Facility Fees <i>Inpatient Rehabilitation facility (includes services in an outpatient day rehabilitation program) is limited to 60 days per benefit period.</i></p> <p>Human Organ and Tissue Transplants <i>Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.</i></p> <p>Doctor and other services</p>	<p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p><u>Recovery & Rehabilitation</u></p> <p>Home Health Care <i>Coverage is limited to 100 visits per benefit period.</i></p> <p>Private Duty Nursing – <i>Coverage is limited to 82 visits per benefit period</i></p>	20% coinsurance after deductible is met	50% coinsurance after deductible is met
<p>Rehabilitation services:</p> <p>Office <i>Coverage for Occupational Therapy is limited to 20 visits per benefit period, Physical Therapy is limited to 20 visits per benefit period and Speech Therapy is limited to 20 visits per benefit period. Limit is combined for rehabilitative and habilitative services.</i></p> <p>Outpatient Hospital <i>Coverage for Occupational Therapy is limited to 20 visits per benefit period, Physical Therapy is limited to 20 visits per benefit period and Speech Therapy is limited to 20 visits per benefit period. Limit is combined for rehabilitative and habilitative services.</i></p>	<p>\$100 copay per visit after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>
<p>Cardiac rehabilitation</p> <p>Office <i>Coverage is limited to 36 visits per benefit period.</i></p> <p>Outpatient Hospital <i>Coverage is limited to 36 visits per benefit period.</i></p>	<p>\$100 copay per visit after deductible is met</p> <p>20% coinsurance after deductible is met</p>	<p>50% coinsurance after deductible is met</p> <p>50% coinsurance after deductible is met</p>

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Skilled Nursing Care (facility) <i>Coverage for Skilled Nursing is limited to 100 days per benefit period.</i>	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Hospice	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Durable Medical Equipment	20% coinsurance after deductible is met	50% coinsurance after deductible is met
Prosthetic Devices	20% coinsurance after deductible is met	50% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	Combined with medical deductible	Combined with medical deductible
Pharmacy Out of Pocket	Combined with medical	Combined with medical
Prescription Drug Coverage <i>National Network with R90 Essential Drug List</i> <i>This product has a 90-day Retail Pharmacy Network available. No coverage for non-formulary drugs.</i>		
Preventive Drugs <i>This plan has Preventive RX coverage that allows the member designated Preventive drugs without application to Deductible or cost share.</i>		
Preventive Rx	\$0 copay per prescription, deductible does not apply (retail and home delivery)	Not covered (retail and home delivery)
Tier 1 - Typically Generic <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$10 copay per prescription after	50% coinsurance after deductible is met

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
	deductible is met (retail and home delivery)	(retail) and Not covered (home delivery)
Tier 2 – Typically Preferred Brand <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$35 copay per prescription after deductible is met (retail) and \$88 copay per prescription after deductible is met (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 3 - Typically Non-Preferred Brand <i>30 day supply (retail pharmacy). 90 day supply (home delivery).</i>	\$70 copay per prescription after deductible is met (retail) and \$175 copay per prescription after deductible is met (home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)
Tier 4 - Typically Specialty (brand and generic) <i>30 day supply (retail pharmacy). 30 day supply (home delivery).</i>	25% coinsurance up to \$200 per prescription after deductible is met (retail and home delivery)	50% coinsurance after deductible is met (retail) and Not covered (home delivery)

Notes:

- Benefit Period: Calendar Year
- Dependent age: to end of the month in which the child attains age 26.
- Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.
- All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).
- No charge means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- If your plan includes out-of-network benefits, In-network and out-of-network deductibles, copayments, coinsurance and out-of-pocket maximum amounts are separate and do not accumulate toward each other.
- If you have receive Urgent Care at an Outpatient Facility (e.g., Hospital or Ambulatory Surgical Facility), benefits for Covered Services will be paid under “Outpatient Facility Services” which is generally coinsurance or coinsurance after your deductible is met.

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Evidence of Coverage (EOC), the Evidence of Coverage (EOC), will prevail.

This summary of benefits 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.

By signing this Summary of Benefits, I agree to the benefits for the product selected as of the effective date indicated.

Authorized group signature (if applicable)	Date
Underwriting signature (if applicable)	Date

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Questions: (833) 639-1634 or visit us at www.anthem.com 26

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (833) 639-1634

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (833) 639-1634.

Armenian (հայերեն). Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (833) 639-1634:

Chinese(中文): 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電(833) 639-1634。

Farsi (فارسی): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (833) 639-1634 تماس بگیرید.

French (Français): Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (833) 639-1634.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (833) 639-1634.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (833) 639-1634.

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(833) 639-1634 にお電話ください。

Language Access Services:

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(833) 639-1634로 문의하십시오.

Navajo (Diné): Dii naaltsoos biká'ígíí lahgo bina'idiikidgo ná bohónéedzá dóó bee ahóót'i' t'áá ni nizaad k'ehj̄ bee nił hodoonih t'áadoo bááh ilínígóó. Ata' halne'ígíí la' bich'í' hadeesdzih ninizingo koj̄' hodiilnih (833) 639-1634.

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (833) 639-1634.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਬਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (833) 639-1634 ਤੇ ਕਾਲ ਕਰੋ।

Russian (Русский): если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (833) 639-1634.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (833) 639-1634.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (833) 639-1634.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (833) 639-1634.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

Take care of yourself

Use your preventive care benefits



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

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

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

Preventive vs. diagnostic care

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

Adult preventive care

Preventive physical exams

Screening tests

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

Immunizations

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

Women's preventive care

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

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

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

Child preventive care

Preventive physical exams

Screening tests

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

Immunizations

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

A word about pharmacy items

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

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

Adult preventive drugs and other pharmacy items — age appropriate

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

Child preventive drugs and other pharmacy items — age appropriate

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

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

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

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

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

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

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

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

⁵ Check your medical policy for details.

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

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

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

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

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Say hi to Sydney

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

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

Get started with Sydney
Download the app today!



Simple

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

Smart

Sydney acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly.

Personal

Get alerts, reminders and tips directly from Sydney. Get doctor suggestions based on your needs. The more you use it, the more Sydney can help you stay healthy and save money.

With just one click, you can:

- Find care and check costs
- Check all benefits
- See claims
- Get answers even faster with our chatbot
- View and use digital ID cards

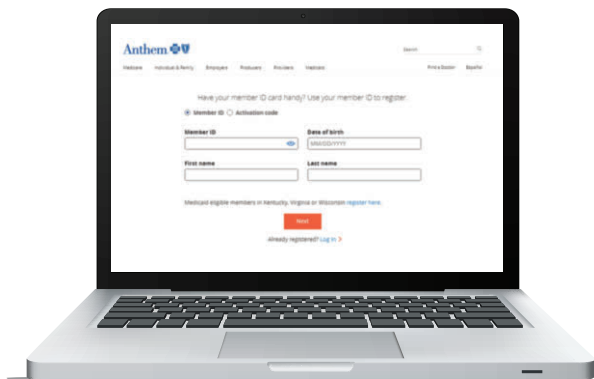
Already using one of our apps?

It's easy to make the switch. Simply download the Sydney app and log in with your Anthem username and password.

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You've got quick access to your health care!

Register on **anthem.com** or the **Sydney** mobile app.* Have your member ID card handy to register



From your computer

- 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



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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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

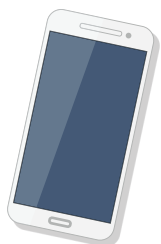
Select a provider to get details, like:

- 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.

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Meet your new health champion

Enhanced Personal Health Care doctors go above and beyond for you

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



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

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



Choose the kind of professional who's right for you

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



Ready to find your Enhanced Personal Health Care doctor?

1. Log in or register at **anthem.com**.
2. Under **Find a Doctor**, enter your location and search distance.
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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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:

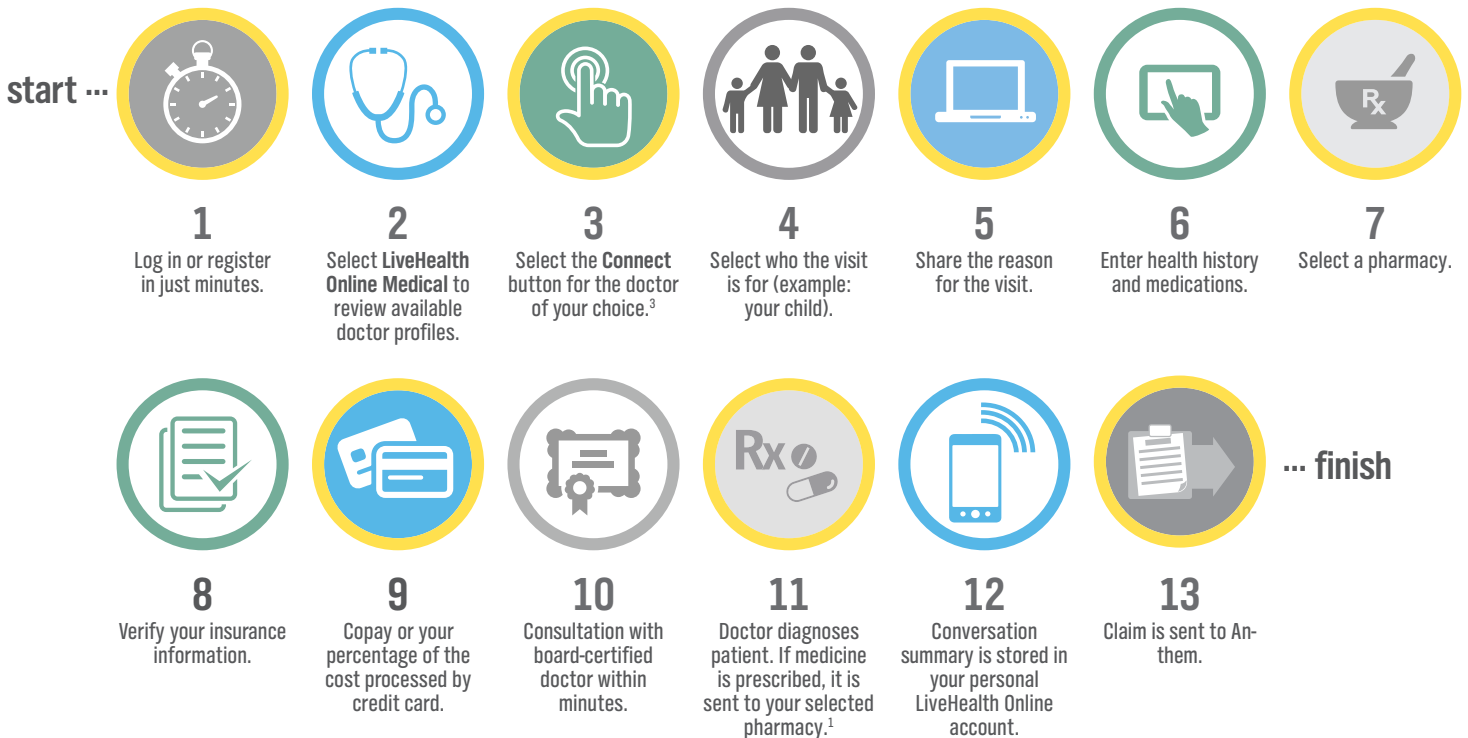
1. Choose **Sign Up** to create your LiveHealth Online account. Then enter information like your name, email address, date of birth and create a secure password.
2. Read the *Terms of Use* and check the box to agree.
3. Choose your location in the drop-down box of states.
4. Enter your birth date and 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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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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Meet My Health Dashboard

Your personal guide to better health and well-being — from Sydney Health

With My Health Dashboard on the Sydney Health mobile app, it's all about you. You'll always be able to find the health information you're interested in. Whether it's health and wellness tips you can use right now or personalized action plans you can follow to reach your health goals. My Health Dashboard is tailored to your individual health journey every step of the way.

1. Decide what's important to you

To get the most out of My Health Dashboard, just tell Sydney what matters to you. Get started by taking a quick, online health assessment. Sydney can personalize your dashboard and help you zero in on the goals you want to meet.

2. Pick an action plan

The best way to meet your health goals is with an action plan. Choose between *Get Active*, *Eat Healthy* and *Achieve a Healthy Weight*. In each plan, Sydney guides you along a path of activities developed by health experts. Move at your own pace and make progress on your goals in 30 days or less.

3. Personalize your action plan

Throughout your plan, you make choices based on what fits your lifestyle. Cut out sugar or pile on the veggies, commit to cardio or focus on mindfulness. Just be sure to sync your wearable fitness device to track every step. If your goals change or you want to try something new, you can switch to a different action plan any time.

4. Explore videos and articles

There's more you can do with My Health Dashboard, too. Get the tips you need to live healthy with videos and online articles. You can even find nutritionist-approved recipes and meal plans.

5. Keep going

Once you're on your way, Sydney helps you stay motivated with profile badges and points. Because who couldn't use some extra encouragement and a pat on the back for the hard work it takes to live healthy?

Support for you — when you need it

Anthem has resources for you and your family when you need it most. Use My Health Dashboard in Sydney Health to find and connect with the many clinical and well-being programs available, and get help with everything from pregnancy to heart disease.

Top it all off with My Health Rewards

My Health Rewards includes ways to earn up to \$150 for the hard work you've put in, to use however you want. Get a massage, buy some new fitness gear, treat yourself for your hard work!

Complete My Health Dashboard activities to earn points. When you reach your first points milestone, you'll get a My Health Rewards card preloaded with money. Then, each time you reach a milestone, more money will be automatically added to your card. Your My Health Rewards card can be used wherever major credit cards are accepted.*



sydney



Get started today by downloading Sydney Health and visit My Health Dashboard. Or register online at [anthem.com](https://www.anthem.com).

* Members aged 18 and over, including subscribers' adult children aged 18 and older, are eligible for gym reimbursement. Payout is per member per benefit year. The amount of the reimbursement 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. This program is designed to help you make healthy, safe and small changes to your lifestyle. Before taking part in this program, talk to your doctor or health care provider — especially if you are pregnant or have an injury or medical condition. This program may not be right for everyone.

Sydney and Sydney Health are service marks of CareMarket, Inc.

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Save money on health tests and procedures

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

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

Shop on your own or with a Personal Assistant

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

SmartShopper is easy to use

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

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



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

Sample procedures and rewards

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

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



SmartShopper®

*Reward payments may be taxable.

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

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Choose an easier way to better health

Health and wellness programs designed for your unique needs

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



ConditionCare

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

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



Future Moms

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

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



24/7 NurseLine

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

These nurses can:

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

Get the support you need

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

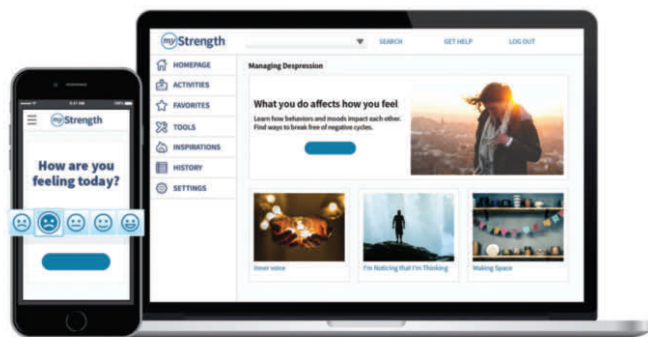
- ConditionCare: 866-962-1071
- Future Moms: 800-828-5891
- 24/7 NurseLine: 800-337-4770



Take a deep breath with myStrength

Your go-to for emotional well-being and peace of mind

Life gets busy. And sometimes it's hard to keep up. That's why as a part of your health care benefits you have access to myStrength, a free online and mobile program that supports emotional health and well-being.



The program's tools and resources are available to help you and your eligible dependents manage:

- Addiction
- Anxiety
- Chronic pain
- Depression
- Problems with sleep
- Stress

Think of myStrength as a private, 24/7 *health club for your mind*™. You can try out:



Positivity-training tools.



A daily mood tracker.



Inspirational videos, articles and quotes.



Step-by-step eLearning programs.

It's time you felt your best again! Let myStrength help you get there. Visit anthem.com/mystrengthOH to get started today.



The health club for your mind is a trademark of myStrength, Inc.

myStrength is not a health care provider and does not provide medical advice, diagnosis or treatment. If you are currently thinking about or planning to harm yourself or someone else, please call 911, go to the nearest hospital emergency room or call the National Suicide Prevention Lifeline at 1-800-273-TALK (8255).

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

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

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

Getting set up for home delivery is easy!

There are multiple ways to get started:

- Call the **Pharmacy Member Services** phone number on the back of your health plan ID card.
- Mail a completed Home Delivery Order Form along with your prescription. This form can be found online [anthem.com](https://www.anthem.com). Choose **Individual & Family**, then **Forms**.
- Online through [anthem.com](https://www.anthem.com) or the Sydney mobile app.
- Have your provider send us the prescription request. Just notify your provider that you would like to change the prescription to a 90 day supply to be delivered to your home.



Getting Started Online.

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

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



Pay for your prescription.

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

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

Need help?

Call the home delivery pharmacy at 1-833-203-1739 and we'll get you started.



Send in your prescription.

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

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

A few important things to know

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



¹ Supplies vary based on your pharmacy plan design.

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

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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.

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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:

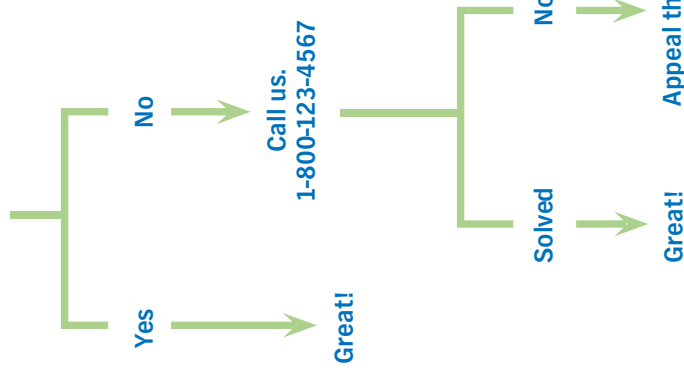
Grievances and Appeals
P.O. Box 105568
Atlanta, GA 30348-5568

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



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.**

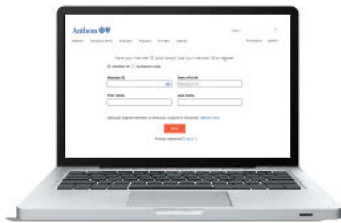
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Get the care you need and save money

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

Register for [anthem.com](https://www.anthem.com) today!
Have your member ID card ready to register



- 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

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](https://www.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](https://www.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](https://www.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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The legal stuff we're required to tell you

How we keep your information safe and secure

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

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

How we help manage your care

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

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

Special enrollment rights

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

Get the full details

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

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



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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