

■ **Ready to choose**  
*your benefits?*

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

Associated Universities, Inc.  
Medical Benefit Guide  
Effective January 1, 2019



## Let's take a look

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

In this guide, you'll find:

- How to use your health plan
- Vision benefits
- Health and wellness programs
- Your privacy and rights

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





# Using your health plan

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



## Choose a doctor in your plan

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



## Use your ID card

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



## Anthem.com

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

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

Learn more at **anthem.com/guidedtour**.



## Preventive care is covered at no extra cost

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



## Save emergency room visits for emergencies only

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



## We're here for you

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

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



## Done driving to the doctor? Hey there, Live Health Online!

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

\* Limitations and exclusions are listed in the back of this book.

\*\* Prescription availability is defined by physician judgment and state regulations. LiveHealth Online is available in most states and is expected to expand in the near future. Visit [livehealthonline.com](http://livehealthonline.com) to view the service map by state.



# Health and wellness programs support you along the way

Your plan goes way beyond covering doctor visits

We can help you reach your health goals and save money on healthy products and services. After your benefits begin, you have easy access to these programs and tools on **anthem.com** or by calling the Member Services number on your mobile ID card.



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



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



**Future Moms** — Moms-to-be get one-on-one support from registered nurses to help them have a healthy pregnancy, a safe delivery and a healthy baby.



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

# Your plan details

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

 The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://eoc.anthem.com/eocdps/aso>. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms see the Glossary. You can view the Glossary at [www.healthcare.gov/sbc-glossary/](http://www.healthcare.gov/sbc-glossary/) or call (833) 674-9260 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall <a href="#">deductible</a> ?	<b>\$1,500</b> /person or <b>\$3,000</b> /family for In- <a href="#">Network Providers</a> . <b>\$3,000</b> /person or <b>\$6,000</b> /family for Non- <a href="#">Network Providers</a> .	Generally, you must pay all of the costs from <a href="#">providers</a> up to the <a href="#">deductible</a> amount before this <a href="#">plan</a> begins to pay. If you have other family members on the policy, the overall family <a href="#">deductible</a> must be met before the <a href="#">plan</a> begins to pay.
Are there services covered before you meet your <a href="#">deductible</a> ?	Yes. <a href="#">Preventive care</a> and Vision exam for In- <a href="#">Network Providers</a> .	This <a href="#">plan</a> covers some items and services even if you haven't yet met the <a href="#">deductible</a> amount. But a <a href="#">copayment</a> or <a href="#">coinsurance</a> may apply. For example, this <a href="#">plan</a> covers certain preventive services without <a href="#">cost-sharing</a> and before you meet your <a href="#">deductible</a> . See a list of covered preventive services at <a href="https://www.healthcare.gov/coverage/preventive-care-benefits/">https://www.healthcare.gov/coverage/preventive-care-benefits/</a> .
Are there other <a href="#">deductibles</a> for specific services?	No.	You don't have to meet <a href="#">deductibles</a> for specific services.
What is the <a href="#">out-of-pocket limit</a> for this <a href="#">plan</a> ?	<b>\$3,750</b> /person or <b>\$6,650</b> /person in a family or <b>\$7,500</b> /family for In- <a href="#">Network Providers</a> . <b>\$7,500</b> /person or <b>\$7,500</b> /person in a family or <b>\$12,000</b> /family for Non- <a href="#">Network Providers</a> .	The <a href="#">out-of-pocket limit</a> is the most you could pay in a year for covered services. If you have other family members in this <a href="#">plan</a> , they have to meet their own <a href="#">out-of-pocket limits</a> until the overall family <a href="#">out-of-pocket limit</a> has been met.
What is not included in the <a href="#">out-of-pocket limit</a> ?	Vision services, <a href="#">Premiums</a> , <a href="#">balance-billing</a> charges, and health care this <a href="#">plan</a> doesn't cover.	Even though you pay these expenses, they don't count toward the <a href="#">out-of-pocket limit</a> .
Will you pay less if you use a <a href="#">network provider</a> ?	Yes, KeyCare. See <a href="http://www.anthem.com">www.anthem.com</a> or call (833) 674-9260 for a list of <a href="#">network providers</a> .	This <a href="#">plan</a> uses a <a href="#">provider network</a> . You will pay less if you use a <a href="#">provider</a> in the <a href="#">plan's network</a> . You will pay the most if you use an out-of- <a href="#">network provider</a> , and you might receive a bill from a <a href="#">provider</a> for the difference between the <a href="#">provider's</a> charge and what your <a href="#">plan</a> pays ( <a href="#">balance billing</a> ). Be aware your <a href="#">network provider</a> might use an out-of- <a href="#">network provider</a> for some services (such as lab work). Check with your <a href="#">provider</a> before you get services.

Do you need a <a href="#">referral</a> to see a <a href="#">specialist</a> ?	No.	You can see the <a href="#">specialist</a> you choose without a <a href="#">referral</a> .
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 All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care <a href="#">provider's</a> office or clinic	Primary care visit to treat an injury or illness	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	-----none-----
	<a href="#">Specialist</a> visit	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	-----none-----
	<a href="#">Preventive care</a> / <a href="#">screening</a> / <a href="#">immunization</a>	No charge	30% <a href="#">coinsurance</a>	You may have to pay for services that aren't preventive. Ask your <a href="#">provider</a> if the services needed are preventive. Then check what your <a href="#">plan</a> will pay for.
If you have a test	<a href="#">Diagnostic test</a> (x-ray, blood work)	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	-----none-----
	Imaging (CT/PET scans, MRIs)	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	-----none-----
If you need drugs to treat your illness or condition More information about <a href="#">prescription drug coverage</a> is available at <a href="http://www.anthem.com/pharmacyinformation/">http://www.anthem.com/pharmacyinformation/</a> Essential	Tier 1 - Typically Generic	20% <a href="#">coinsurance</a> (retail) and 15% <a href="#">coinsurance</a> (home delivery)	30% <a href="#">coinsurance</a> (retail) and 30% <a href="#">coinsurance</a> (home delivery)	*See Prescription Drug section  PreventiveRx Plus (Essential) Medications covered – No Charge – No Deductible
	Tier 2 - Typically <a href="#">Preferred</a> / Brand	40% <a href="#">coinsurance</a> (retail) and 35% <a href="#">coinsurance</a> (home delivery)	30% <a href="#">coinsurance</a> (retail) and 30% <a href="#">coinsurance</a> (home delivery)	
	Tier 3 - Typically Non- <a href="#">Preferred</a> / <a href="#">Specialty Drugs</a>	50% <a href="#">coinsurance</a> (retail) and 45% <a href="#">coinsurance</a> (home delivery)	30% <a href="#">coinsurance</a> (retail) and 30% <a href="#">coinsurance</a> (home delivery)	
	Tier 4 - Typically <a href="#">Specialty</a> (brand and generic)	50% <a href="#">coinsurance</a> (retail) and 45% <a href="#">coinsurance</a> (home delivery)	30% <a href="#">coinsurance</a> (retail) and 30% <a href="#">coinsurance</a> (home delivery)	
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	-----none-----
	Physician/surgeon fees	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	-----none-----
If you need immediate medical attention	<a href="#">Emergency room care</a>	10% <a href="#">coinsurance</a>	Covered as In- <a href="#">Network</a>	-----none-----
	<a href="#">Emergency medical transportation</a>	10% <a href="#">coinsurance</a>	Covered as In- <a href="#">Network</a>	-----none-----
	<a href="#">Urgent care</a>	10% <a href="#">coinsurance</a>	Covered as In- <a href="#">Network</a>	-----none-----
	Facility fee (e.g., hospital room)	10% <a href="#">coinsurance</a>	30% <a href="#">coinsurance</a>	-----none-----

\* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/aso>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
<b>If you have a hospital stay</b>	Physician/surgeon fees	10% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
<b>If you need mental health, behavioral health, or substance abuse services</b>	Outpatient services	Office Visit 10% <u>coinsurance</u> Other Outpatient 10% <u>coinsurance</u>	Office Visit 30% <u>coinsurance</u> Other Outpatient 30% <u>coinsurance</u>	Office Visit -----none----- Other Outpatient -----none-----
	Inpatient services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
<b>If you are pregnant</b>	Office visits	10% <u>coinsurance</u>	30% <u>coinsurance</u>	Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	
	Childbirth/delivery facility services	10% <u>coinsurance</u>	30% <u>coinsurance</u>	
<b>If you need help recovering or have other special health needs</b>	<u>Home health care</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	40 visits/benefit period.
	<u>Rehabilitation services</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	*See Therapy Services section
	<u>Habilitation services</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	
	<u>Skilled nursing care</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	60 days limit/admission.
	<u>Durable medical equipment</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
	<u>Hospice services</u>	10% <u>coinsurance</u>	30% <u>coinsurance</u>	-----none-----
<b>If your child needs dental or eye care</b>	Children's eye exam	No charge	\$30 reimbursement	*See Vision Services section
	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	*See Dental Services section

\* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/aso>.

## Excluded Services & Other Covered Services:

### Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Bariatric surgery
- Dental Check-up
- Private-duty nursing
- Cosmetic surgery
- Glasses for a child
- Routine foot care unless you have been diagnosed with diabetes.
- Dental care (adult)
- Long- term care
- Weight loss programs

### Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan](#) document.)

- Acupuncture \$3,000 maximum/benefit period.
- Infertility treatment
- Most coverage provided outside the United States. See [www.bcbsglobalcore.com](http://www.bcbsglobalcore.com)
- Hearing aids \$3,500 maximum/benefit period.
- Routine eye care (adult) 1 exam/benefit period for In-[Network Providers](#).

**Your Rights to Continue Coverage:** There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform). Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit [www.HealthCare.gov](http://www.HealthCare.gov) or call 1-800-318-2596.

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**Your Grievance and Appeals Rights:** There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact:

ATTN: [Grievances](#) and [Appeals](#), P.O. Box 27401, Richmond, VA 23279

Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), [www.dol.gov/ebsa/healthreform](http://www.dol.gov/ebsa/healthreform)

### Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

### Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

—————*To see examples of how this plan might cover costs for a sample medical situation, see the next section.*—————

\* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/aso>.

About these Coverage Examples:



**This is not a cost estimator.** Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

**Peg is Having a Baby**  
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's](#) overall [deductible](#) \$1,500
- [Specialist coinsurance](#) 10%
- Hospital (facility) [coinsurance](#) 10%
- Other [coinsurance](#) 10%

This EXAMPLE event includes services like:

- [Specialist](#) office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- [Diagnostic tests](#) (*ultrasounds and blood work*)
- [Specialist](#) visit (*anesthesia*)

Total Example Cost	\$12,800
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In this example, Peg would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$1,500
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$1,300
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Peg would pay is</b>	<b>\$2,860</b>

**Managing Joe's type 2 Diabetes**  
(a year of routine in-network care of a well-controlled condition)

- The [plan's](#) overall [deductible](#) \$1,500
- [Specialist coinsurance](#) 10%
- Hospital (facility) [coinsurance](#) 10%
- Other [coinsurance](#) 10%

This EXAMPLE event includes services like:

- [Primary care physician](#) office visits (*including disease education*)
- [Diagnostic tests](#) (*blood work*)
- [Prescription drugs](#)
- [Durable medical equipment](#) (*glucose meter*)

Total Example Cost	\$7,400
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In this example, Joe would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$1,500
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$2,300
<i>What isn't covered</i>	
Limits or exclusions	\$60
<b>The total Joe would pay is</b>	<b>\$3,860</b>

**Mia's Simple Fracture**  
(in-network emergency room visit and follow up care)

- The [plan's](#) overall [deductible](#) \$1,500
- [Specialist coinsurance](#) 10%
- Hospital (facility) [coinsurance](#) 10%
- Other [coinsurance](#) 10%

This EXAMPLE event includes services like:

- [Emergency room care](#) (*including medical supplies*)
- [Diagnostic test](#) (*x-ray*)
- [Durable medical equipment](#) (*crutches*)
- [Rehabilitation services](#) (*physical therapy*)

Total Example Cost	\$1,900
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In this example, Mia would pay:

<i>Cost Sharing</i>	
<a href="#">Deductibles</a>	\$1,500
<a href="#">Copayments</a>	\$0
<a href="#">Coinsurance</a>	\$200
<i>What isn't covered</i>	
Limits or exclusions	\$0
<b>The total Mia would pay is</b>	<b>\$1,700</b>

The [plan](#) would be responsible for the other costs of these EXAMPLE covered services.

# Language Access Services:

(TTY/TDD: 711)

**Albanian (Shqip):** Nëse keni pyetje në lidhje me këtë dokument, keni të drejtë të merrni falas ndihmë dhe informacion në gjuhën tuaj. Për të kontaktuar me një përkthyes, telefononi (833) 674-9260

**Amharic (አማርኛ):-** ስለዚህ ሰነድ ማንኛውም ጥያቄ ካለዎት በራስዎ ቋንቋ እርዳታ እና ይህን መረጃ በነጻ የማግኘት መብት አለዎት። አስተርጓሚ ለማናገር (833) 674-9260 ይደውሉ።

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) 674-9260.

**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) 674-9260:

**Bassa (Bàsɔ̀ Wùdù):** M̄ dyi dyi-diè-dɛ̀ bɛ̀ bédé b́á céè-dɛ̀ nià ke dyí ní, ɔ̀ m̀ò nì dyí-bɛ̀dɛ̀in-dɛ̀ bɛ̀ é m̀ ké gbo-kpá-kpá kè b̄́ kp̄́ dɛ̀ m̀ bídǐ-wùdùùn b́ó pídyi. B́é m̀ ké wuɖu-zìin-nyò d̀ò gbo wùdù ke, d́á (833) 674-9260.

**Bengali (বাংলা):** যদি এই নথিপত্রের বিষয়ে আপনার কোনো প্রশ্ন থাকে, তাহলে আপনার ভাষায় বিনামূল্য সাহায্য পাওয়ার ও তথ্য পাওয়ার অধিকার আপনার আছে। একজন দোভাষীর সাথে কথা বলার জন্য (833) 674-9260 -তে কল করুন।

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**Burmese (မြန်မာ):** ဤစာရွက်စာတမ်းနှင့် ပတ်သက်၍ သင့်တွင် မေးမြန်းလိုသည်များရှိပါက အချက်အလက်များနှင့် အကူအညီကို အခကြေးငွေ ပေးစရာမလိုပဲ သင့်ဘာသာစကားဖြင့် ရယူနိုင်ခွင့် သင့်တွင် ရှိပါသည်။ စကားပြန် တစ်ဦးနှင့် စကားပြောနိုင်ရန် ဖုန် (833) 674-9260 သို့ ခေါ်ဆိုပါ။

**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) 674-9260。

**Dinka (Dinka):** Na nɔŋ thiëc nē ke de yā thorē, ke yin nɔŋ loŋ bē yi kuony ku wɛr alēu bē gɛɛr yic yin ne thoŋ du ke cin wēu tāäuē ke piny. Te kɔr yin ba jam wēnē ran ye thok geryic, ke yin cɔl (833) 674-9260.

**Dutch (Nederlands):** Bij vragen over dit document hebt u recht op hulp en informatie in uw taal zonder bijkomende kosten. Als u een tolk wilt spreken, belt u (833) 674-9260.

**Farsi (فارسي):** 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) 674-9260 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) 674-9260.

## Language Access Services:

**German (Deutsch):** Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (833) 674-9260.

**Greek (Ελληνικά)** Αν έχετε τυχόν απορίες σχετικά με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφορίες στη γλώσσα σας δωρεάν. Για να μιλήσετε με κάποιον διερμηνέα, τηλεφωνήστε στο (833) 674-9260.

**Gujarati (ગુજરાતી):** જો આ દસ્તાવેજ અંગે આપને કોઈપણ પ્રશ્નો હોય તો, કોઈપણ ખર્ચ વગર આપની ભાષામાં મદદ અને માહિતી મેળવવાનો તમને અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, કોલ કરો (833) 674-9260.

**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) 674-9260.

**Hindi (हिंदी):** अगर आपके पास इस दस्तावेज़ के बारे में कोई प्रश्न हैं, तो आपको निःशुल्क अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। दुभाषिये से बात करने के लिए, कॉल करें (833) 674-9260 ।

**Hmong (White Hmong):** Yog tias koj muaj lus nug dab tsi ntsig txog daim ntawv no, koj muaj cai tau txais kev pab thiab lus qhia hais ua koj hom lus yam tsim xam tus nqi. Txhawm rau tham nrog tus neeg txhais lus, hu xov tooj rau (833) 674-9260.

**Igbo (Igbo):** Ọ bụr ụ na ị nwere ajujụ ọ bụla gbasara akwụkwọ a, ị nwere ikike ịnweta enyemaka na ozi n'asụsụ gị na akwụghị ụgwọ ọ bụla. Ka gị na ọkọwa okwu kwuo okwu, kpọọ (833) 674-9260.

**Ilokano (Ilokano):** Nu addaan ka iti aniaman a saludsod panggep iti daytoy a dokumento, adda karbengam a makaala ti tulong ken impormasyon babaen ti lenguahem nga awan ti bayad na. Tapno makatungtong ti maysa nga tagipatarus, awagan ti (833) 674-9260.

**Indonesian (Bahasa Indonesia):** Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (833) 674-9260.

**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) 674-9260

**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) 674-9260 にお電話ください。

## Language Access Services:

**Khmer (ខ្មែរ):** បើអ្នកមានសំណួរផ្សេងទៀតអំពីឯកសារនេះ អ្នកមានសិទ្ធិទទួលជំនួយនិងព័ត៌មានជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។  
ដើម្បីជ្រកជាមួយអ្នកបកប្រែ សូមហៅ (833) 674-9260 ។

**Kirundi (Kirundi):** Ugize ikibazo ico arico cose kuri iyi nyandiko, ufise uburenganzira bwo kuronka ubufasha mu rurimi rwawe ata giciro. Kugira uvugishe umusemuzi, akura (833) 674-9260.

**Korean (한국어):** 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (833) 674-9260 로 문의하십시오.

**Lao (ພາສາລາວ):** ຖ້າທ່ານມີຄໍາຖາມໃດໆກ່ຽວກັບເອກະສານນີ້, ທ່ານມີສິດໄດ້ຮັບຄວາມຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໂດຍບໍ່ເສຍຄ່າ.  
ເພື່ອໂອ້ນລຳບວກວ່າມແບພາສາ, ໃຫ້ໂທຫາ (833) 674-9260.

**Navajo (Diné):** Dii naaltsoos biká'ígíí lahgo bina'idiłkidgo ná bohónéedzá dóó bee ahóót'i' t'áá ni nizaad k'ehjĩ bee nił hodoonih t'áadoo báąh ilinígóó.  
Ata' halne'ígíí la' bich'i' hadeesdzih nínizingo koꞈ' hodiłilnih (833) 674-9260.

<sup>14</sup> **Nepali (नेपाली):** यदि यो कागजातबारे तपाईंसँग केही प्रश्नहरू छन् भने, आफ्नै भाषामा निःशुल्क सहयोग तथा जानकारी प्राप्त गर्न पाउने हक तपाईंसँग छ।  
दोभाषेसँग कुरा गर्नका लागि, यहाँ कल गर्नुहोस् (833) 674-9260

**Oromo (Oromifaa):** Sanadi kanaa wajiin walqabaate gaffi kamiyuu yoo qabduu tanaan, Gargaarsa argachuu fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Turjumaana dubaachuuf, (833) 674-9260 bilbilla.

**Pennsylvania Dutch (Deutsch):** Wann du Frooge iwwer selle Document hoscht, du hoscht die Recht um Hilfe un Information zu griege in dei Schprooch mitaus Koscht. Um mit en Iwwersetze zu schwetze, ruff (833) 674-9260 aa.

**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) 674-9260.

**Portuguese (Português):** Se tiver quaisquer dúvidas acerca deste documento, tem o direito de solicitar ajuda e informações no seu idioma, sem qualquer custo. Para falar com um intérprete, ligue para (833) 674-9260.

**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 ਦੁਬਾਰੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (833) 674-9260 ਤੇ ਕਾਲ ਕਰੋ।

## Language Access Services:

**Romanian (Română):** Dacă aveți întrebări referitoare la acest document, aveți dreptul să primiți ajutor și informații în limba dumneavoastră în mod gratuit. Pentru a vă adresa unui interpret, contactați telefonic (833) 674-9260.

**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) 674-9260.

**Samoan (Samoa):** Afai e iai ni ou fesili e uiga i lenei tusi, e iai lou 'aia e maua se fesoasoani ma faamatalaga i lou lava gagana e aunoa ma se totoi. Ina ia talanoa i se tagata faaliliu, vili (833) 674-9260.

**Serbian (Srpski):** Ukoliko imate bilo kakvih pitanja u vezi sa ovim dokumentom, imate pravo da dobijete pomoć i informacije na vašem jeziku bez ikakvih troškova. Za razgovor sa prevodiocem, pozovite (833) 674-9260.

**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) 674-9260.

**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) 674-9260.

15 **Thai (ไทย):** หากท่านมีคำถามใดๆ เกี่ยวกับเอกสารฉบับนี้ ท่านมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่านโดยไม่มีค่าใช้จ่าย โดยโทร (833) 674-9260 เพื่อพูดคุยกับล่าม

**Ukrainian (Українська):** якщо у вас виникають запитання з приводу цього документа, ви маєте право безкоштовно отримати допомогу й інформацію вашою рідною мовою. Щоб отримати послуги перекладача, зателефонуйте за номером (833) 674-9260.

**Urdu (اردو):** اگر اس دستاویز کے بارے میں آپ کا کوئی سوال ہے، تو آپ کو مدد اور اپنی زبان میں مفت معلومات حاصل کرنے کا حق حاصل ہے۔ کسی مترجم سے بات کرنے کے لئے، (833) 674-9260 پر کال کریں۔

**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) 674-9260.

**(Yiddish) (אידיש):** אויב איר האט שאלות וועגן דעם דאקומענט, האט איר די רעכט צו באקומען דעם אינפארמאציע אין אייער שפראך אהן קיין פרייז. צו רעדן צו אן איבערזעצער, רופט (833) 674-9260.

**Yoruba (Yorùbá):** Tí o bá ní èyíkẹyí ibèrè nípa àkọsílẹ̀ yí, o ní ètọ́ láti gba ìrànwọ́ àti ìwífún ní èdè rẹ̀ lọ́fẹ́fẹ́. Bá wa ògbùfọ̀ kan sọrọ̀, pe (833) 674-9260.

## Language Access Services:

### 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

Your Plan: Anthem HSA 1500/10%/3750 Custom

HRA 1500/10%/3750 Custom

Your Network: KeyCare

*This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This policy has exclusions and limitations to benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, contact your insurance agent or contact us. If there is a difference between this summary and the contract of coverage, the contract of coverage will prevail.*

*This benefit summary is not to be distributed without also providing access to the applicable Anthem enrollment brochure.*

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<b>Overall Deductible</b> <i>See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.</i>	\$1,500 person / \$3,000 family	\$3,000 person / \$6,000 family
<b>Out-of-Pocket Limit</b> <i>When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.</i>	\$3,750 person / \$6,650 person in a family/ \$7,500 family	\$7,500 person / \$7,500 person in a family/ \$12,000 family
<b>Preventive care/screening/immunization</b> <i>In-network preventive care is not subject to deductible, if your plan has a deductible.</i>	No charge	30% coinsurance after deductible is met
<b>Doctor Home and Office Services</b>  <b>Primary care visit to treat an injury or illness</b>	10% coinsurance after deductible is met	30% coinsurance after deductible is met
<b>Specialist care visit</b>	10% coinsurance after deductible is met	30% coinsurance after deductible is met
<b>Prenatal and Post-natal Care</b>	10% coinsurance after deductible is met	30% coinsurance after deductible is met

# Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><b>Other practitioner visits:</b> Retail health clinic</p> <p>On-line Medical Visit <i>Live Health Online is the preferred telehealth solutions (<a href="http://www.livehealthonline.com">www.livehealthonline.com</a>)</i></p> <p>Chiropractic services <i>Coverage for In-Network Provider and Non-Network Provider combined is unlimited visits for Rehabilitation and Habilitative per benefit period.</i></p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b>Other services in an office:</b> Allergy testing</p> <p>Chemo/radiation therapy</p> <p>Dialysis/Hemodialysis</p> <p>Prescription drugs <i>For the drugs itself dispensed in the office thru infusion/injection]</i></p>	<p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Diagnostic Services</b></p> <p><b>Lab:</b> Office</p> <p>Preferred Reference Lab</p> <p>Outpatient Hospital</p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>

# Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><b>X-ray:</b></p> <p>Office</p> <p>Freestanding Radiology Center</p> <p>Outpatient Hospital</p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b>Advanced diagnostic imaging (for example, MRI/PET/CAT scans):</b></p> <p>Office</p> <p>Freestanding Radiology Center</p> <p>Outpatient Hospital</p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b>Emergency and Urgent Care</b></p> <p><b>Emergency room facility services</b></p> <p><b>Emergency room doctor and other services</b></p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>Covered as In-Network</p> <p>Covered as In-Network</p>
<p><b>Ambulance Transportation</b></p>	<p>10% coinsurance after deductible is met</p>	<p>Covered as In-Network</p>
<p><b>Urgent Care Center Office Visit</b></p>	<p>10% coinsurance after deductible is met</p>	<p>Covered as In-Network</p>

# Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><b>Outpatient Mental Health and Substance Use Disorder</b></p> <p><b>Doctor Office Visit and Online Visit</b></p> <p><b>Facility visit:</b></p> <p>    Facility fees</p> <p>    Doctor Services</p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b>Outpatient Surgery</b></p> <p><b>Facility fees:</b></p> <p>    Hospital</p> <p>    Freestanding Surgical Center</p> <p><b>Doctor and other services</b></p> <p>    Surgery</p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b>Hospital Stay (all inpatient stays including maternity, mental and substance use disorder)</b></p> <p><b>Facility fees (for example, room &amp; board)</b></p> <p><b>Doctor and other services</b></p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>

# Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><b>Recovery &amp; Rehabilitation</b></p> <p><b>Home health care</b>  <i>Coverage for In-Network and Non-Network Provider combined is limited to 40 visits per benefit period. Visit limit does not apply to Home Infusion Therapy or Home Dialysis.</i></p>	<p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p><b>Rehabilitation services (for example, physical/speech/occupational therapy):</b></p> <p><b>Office</b>  <i>Coverage for rehabilitative and habilitative physical therapy and occupational therapy combined is unlimited visits per benefit period. Coverage for rehabilitative and habilitative speech therapy is unlimited visits per benefit period. Applies to In-Network Provider and Non-Network Provider combined. Visit limit does not apply when performed as part of Hospice, Home Health, Early Intervention or Autism services. Visit limits are combined both across outpatient and other professional visits, and in and out of network.</i></p> <p><b>Outpatient hospital</b>  <i>Coverage for rehabilitative and habilitative physical therapy and occupational therapy combined is unlimited visits per benefit period. Coverage for rehabilitative and habilitative speech therapy is unlimited visits per benefit period. Applies to In-Network Provider and Non-Network Provider combined. Visit limit does not apply when performed as part of Hospice, Home Health, Early Intervention or Autism services. Visit limits are combined both across outpatient and other professional visits, and in and out of network.</i></p> <p><b>Habilitation services (for example, physical/speech/occupational therapy):</b></p> <p><b>Office</b>  <i>Coverage for rehabilitative and habilitative physical therapy and occupational therapy combined is unlimited visits per benefit period. Coverage for rehabilitative and habilitative speech therapy is unlimited visits per benefit period. Applies to In-Network Provider and Non-Network Provider combined. Visit limit does not apply when performed as part of Hospice, Home Health, Early Intervention or Autism services. Visit limits are combined both across outpatient and other professional visits, and in and out of network.</i></p> <p><b>Outpatient hospital</b>  <i>Coverage for rehabilitative and habilitative physical therapy and</i></p>	<p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>

# Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><i>occupational therapy combined is unlimited visits per benefit period. Coverage for rehabilitative and habilitative speech therapy is unlimited visits per benefit period. Applies to In-Network Provider and Non-Network Provider combined. Visit limit does not apply when performed as part of Hospice, Home Health, Early Intervention or Autism services. Visit limits are combined both across outpatient and other professional visits, and in and out of network.</i></p>	met	met
<p><b>Cardiac rehabilitation</b></p> <p>Office Visit</p> <p>Outpatient hospital</p>	<p>10% coinsurance after deductible is met</p> <p>10% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p><b>Skilled nursing care (in a facility)</b></p> <p><i>Coverage for Inpatient rehabilitation and skilled nursing services combined In-Network Provider and Non-Network Provider combined is limited to 60 days per admission.</i></p>	10% coinsurance after deductible is met	30% coinsurance after deductible is met
<p><b>Hospice</b></p>	10% coinsurance after deductible is met	30% coinsurance after deductible is met
<p><b>Durable Medical Equipment</b></p>	10% coinsurance after deductible is met	30% coinsurance after deductible is met
<p><b>Prosthetic Devices</b></p> <p><i>Coverage for wigs needed after cancer treatment In-Network and Non-Network Provider combined is limited to 1 unit per benefit period.</i></p>	10% coinsurance after deductible is met	30% coinsurance after deductible is met

# Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p><b>Pharmacy Deductible</b></p>	<p>Combined with medical deductible</p>	<p>Combined with medical deductible</p>
<p><b>Pharmacy Out of Pocket</b></p>	<p>Combined with medical out of pocket</p>	<p>Combined with medical out of pocket</p>
<p><b>Prescription Drug Coverage</b>  <i>Anthem Essential Drug List</i>  <i>This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies.</i></p>		
<p><b>Tier 1 - Typically Generic</b>  <i>You pay additional copays or coinsurance on all tiers for retail fills that exceed 30 days. Covers up to a 30 day supply (retail pharmacy). Covers up to 90 day supply (retail maintenance pharmacy) Covers up to a 90 day supply (home delivery program.) No coverage for non-formulary drugs. Note: A 90 day supply is available at retail maintenance pharmacies with a copay for each 30 day supply. Coverage is also provided at retail for up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives, when dispensed or furnished at one time.</i></p> <p><i>PreventiveRX Plus (Essential) Medications covered: No Charge, No Deductible</i></p>	<p>20% coinsurance per prescription after deductible is met (retail only).            15% coinsurance per prescription after deductible is met (home delivery only).</p>	<p>30% coinsurance after deductible is met (retail and home delivery).</p>
<p><b>Tier 2 - Typically Preferred Brand &amp; Non-Preferred Generics</b>  <i>You pay additional copays or coinsurance on all tiers for retail fills that exceed 30 days. Covers up to a 30 day supply (retail pharmacy). Covers up to 90 day supply (retail maintenance pharmacy) Covers up to a 90 day supply (home delivery program.) No coverage for non-formulary drugs. Note: A 90 day supply is available at retail maintenance pharmacies with a copay for each 30 day supply. Coverage is also provided at retail for up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives, when dispensed or furnished at one time.</i></p> <p><i>PreventiveRX Plus (Essential) Medications covered: No Charge, No Deductible</i></p>	<p>40% coinsurance per prescription after deductible is met (retail only).            35% coinsurance per prescription after deductible is met (home delivery only).</p>	<p>30% coinsurance after deductible is met (retail and home delivery).</p>
<p><b>Tier 3 - Typically Non-Preferred Brand</b>  <i>You pay additional copays or coinsurance on all tiers for retail fills that exceed 30 days. Covers up to a 30 day supply (retail pharmacy). Covers up to 90 day supply (retail maintenance pharmacy) Covers up to a 90 day supply (home delivery program.) No coverage for non-formulary drugs. Note: A 90 day supply is available at retail maintenance pharmacies with a copay for each 30 day supply. Coverage is also provided at retail for up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives, when dispensed or furnished at one time.</i></p>	<p>50% coinsurance per prescription after deductible is met (retail only).            45% coinsurance per prescription after deductible is met (home delivery)</p>	<p>30% coinsurance after deductible is met (retail and home delivery).</p>

# Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
	only).	
<p><b>Tier 4 - Typically Preferred Specialty (brand and generic)</b>  <i>You pay additional copays or coinsurance on all tiers for retail fills that exceed 30 days. Covers up to a 30 day supply (retail pharmacy). Covers up to 30 day supply (home delivery program.) Note: Coverage is also provided at retail for up to a 12-month supply of FDA-approved, self-administered hormonal contraceptives, when dispensed or furnished at one time. No coverage for non-formulary drugs.</i></p>	<p>50% coinsurance per prescription after deductible is met (retail only).            45% coinsurance per prescription after deductible is met (retail and home delivery).</p>	<p>30% coinsurance after deductible is met (retail and home delivery).</p>

# Your summary of benefits

Covered Vision Benefits, <u>included</u> with your medical plan. (A separate, voluntary plan is also available and those details follow later in this booklet.)	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<i>This is a brief outline of your vision coverage. Not all cost shares for covered services are shown below. For a full list, including benefits, exclusions and limitations, see the combined Evidence of Coverage/Disclosure form/Certificate. If there is a difference between this summary and either Evidence of Coverage/Disclosure form/Certificate, the Evidence of Coverage/Disclosure form/Certificate will prevail.</i>		
<b>Child Vision exam</b> <i>Coverage for In-Network Providers is limited to 1 exam per benefit period.</i>	No charge	\$30 reimbursement
<b>Adult Vision exam</b> <i>Coverage for In-Network Providers is limited to 1 exam per benefit period.</i>	\$15 copay per visit	\$30 reimbursement

# Your summary of benefits

## Notes:

- The family deductible is non-embedded, meaning the cost shares of all family members apply to one shared family deductible and one shared family out-of-pocket maximum. The individual deductible only applies to individuals enrolled under single coverage.
- The out-of-pocket maximum is embedded, meaning the cost shares of one family member will be applied to the individual deductible and individual out-of-pocket maximum; in addition, amounts for all family members apply to the family out-of-pocket maximum. No one member will pay more than the individual in a family out-of-pocket maximum.
- Your coinsurance, copays and deductible count toward your out of pocket amount.
- Deductible and Out-of-Pocket maximums will accumulate in one direction (that is, Out-of-Network will accumulate to In Network). All other plan maximums and service-specific maximums (dollar and occurrence) cross-accumulate between In- and Out-of-Network unless otherwise noted.
- All medical services subject to a coinsurance are also subject to the annual medical deductible, if deductible is applicable to plan.
- If your plan includes a hospital stay copay and you are readmitted within 72 hours of a prior admission for the same diagnosis, your hospital stay copay for your readmission is waived.
- If your plan includes out of network benefits, all services with calendar/plan year limits are combined both in and out of network.
- In-network preventive care is not subject to deductible, if your plan has a deductible
- If your plan includes out of network benefits and you use a non-participating provider, you are responsible for any difference between the covered expense and the actual non-participating providers charge. When receiving care from providers out of network, members may be subject to balance billing in addition to any applicable copayments, coinsurance and/or deductible. This amount does not apply to the out of network out of pocket limit.
- Human Organ and Tissues Transplants require precertification and are covered as any other service in your summary of benefits.
- Plan includes coverage for Infertility including, artificial insemination, in-vitro fertilization, GIFT, ZIFT with an unlimited lifetime maximum.
- Hearing aids are covered as any other service up to \$3,500 per calendar year.
- Accupuncutre services are covered as any other service up to \$3,000 per calendar year.

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Questions: Visit us at [www.anthem.com](http://www.anthem.com)

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## Language Access Services:

### 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 (844) 682-6553.

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 (844) 682-6553.

**Armenian (հայերեն).** Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար գանգահարեք հետևյալ հեռախոսահամարով՝ (844) 682-6553:

**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 (844) 682-6553。

**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 (844) 682-6553 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 (844) 682-6553.

**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 (844) 682-6553.

**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 (844) 682-6553.

**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、(844) 682-6553 にお電話ください。

**Korean (한국어):** 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (844) 682-6553 로 문의하십시오.

**Navajo (Diné):** Dii naaltsoos biká'ígíí lahgo bina'idílkidgo ná bohónéedzá dóó bee ahóót'i' t'áá ni nizaad k'ehj'í bee nił hodoonih t'áadoo bą́ąh ilínígóó. Ata' halne'ígíí la' bich'í' hadeesdzih nínizingo koǫ́'í hodiílnih (844) 682-6553.

## Language Access Services:

**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: (844) 682-6553.

**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 ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (844) 682-6553 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. (844) 682-6553.

**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 (844) 682-6553.

**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 (844) 682-6553.

**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 (844) 682-6553.

### 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

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

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

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

### Preventive vs. diagnostic care

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

### Adult preventive care

#### Preventive physical exams

##### Screening tests:

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

##### Immunizations:

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

##### Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met<sup>4</sup>
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling<sup>5,6,7</sup>
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those with a high risk of breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- HPV screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression<sup>6</sup>
- Pelvic exam and Pap test, including screening for cervical cancer

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

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

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

## Child preventive care

### Preventive physical exams

#### Screening tests:

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

#### Immunizations:

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

## A word about pharmacy items

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

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

### Adult preventive drugs and other pharmacy items — age appropriate:

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease, preeclampsia and colorectal cancer by adults less than 70 years old.
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Generic low to moderate dose statins for members that are 40-75 years and have 1 or more CVD risk factors (dyslipidemia, diabetes, hypertension, or smoking)
- Tobacco-cessation products, including all FDA-approved brand and generic OTC and prescription products, for those ages 18 and older
- Vitamin D for adults over age 65

### Child preventive drugs and other pharmacy items — age appropriate:

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

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

- Contraceptives, including generic prescription drugs, brand-name drugs with no generic equivalent and OTC items like female condoms and spermicides<sup>6,8,9</sup>
- Low-dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women ages 55 or younger who are planning and able to get pregnant

Breast cancer risk-reducing medications, such as tamoxifen and raloxifene, that follow the U.S. Preventive Services Task Force criteria<sup>3</sup>

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

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

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

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

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

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

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

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

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



## Vision benefits

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

### Vision

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



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

\* Limitations and exclusions are listed in the back of this book.

## Welcome to your Blue View Vision plan!

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

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

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
<b>Routine Eye Exam</b>			
A comprehensive eye examination	\$10 copay	Up to \$30 reimbursement	Once every calendar year
<b>Eyeglass Frames</b>			
One pair of eyeglass frames	\$150 allowance, then 20% off any remaining balance	Up to \$45 reimbursement	Once every two calendar years
<b>Eyeglass Lenses (<i>instead of contact lenses</i>)</b>			
One pair of standard plastic prescription lenses:			
<ul style="list-style-type: none"> <li>Single vision lenses</li> <li>Bifocal lenses</li> <li>Trifocal lenses</li> </ul>	\$10 copay \$10 copay \$10 copay	Up to \$25 reimbursement Up to \$40 reimbursement Up to \$55 reimbursement	Once every calendar year
<b>Eyeglass Lens Enhancements</b>			
When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.			
<ul style="list-style-type: none"> <li><b>Transitions</b> Lenses (for a child under age 19)</li> <li>Standard polycarbonate (for a child under age 19)</li> <li>Factory scratch coating</li> </ul>	\$0 copay \$0 copay \$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
<b>Contact Lenses (<i>instead of eyeglass lenses</i>)</b>			
Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
<ul style="list-style-type: none"> <li>Elective conventional (non-disposable)</li> </ul> OR	\$150 allowance, then 15% off any remaining balance	Up to \$105 reimbursement	Once every calendar year
<ul style="list-style-type: none"> <li>Elective disposable</li> </ul> OR	\$150 allowance ( <i>no additional discount</i> )	Up to \$105 reimbursement	
<ul style="list-style-type: none"> <li>Non-elective (medically necessary)</li> </ul>	Covered in full	Up to \$210 reimbursement	
<b>Contact lens fit and follow-up</b>			
A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.			
<ul style="list-style-type: none"> <li>Standard contact lens fitting</li> <li>Premium contact lens fitting</li> </ul>	\$0  10% off retail price, then apply \$55 allowance	\$35 reimbursement  \$35 reimbursement	Once every calendar year

<sup>1</sup> Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

<sup>2</sup> Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

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

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

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

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

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

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

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

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

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

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

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

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

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

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



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

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

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

**OUT-OF-NETWORK**

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

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

# Essential Drug List

## Medication alternatives



And Its Affiliate HealthKeepers, Inc.

The Essential Drug List is a list of prescription medications approved by the U.S. Food and Drug Administration (FDA). We've reviewed these drugs through our Pharmacy and Therapeutics (P&T) Process, which considers a drug's:

- Effectiveness
- Safety
- Similarity to other drugs within a therapeutic class
- Affordability

The Essential Drug List is a closed formulary, which means that only the prescription drugs on the list will be covered by the plan. Drugs that aren't covered have cost-effective, high-quality alternatives available. There may be a brand alternative, a generic equivalent or an over-the-counter (OTC) option. Brand-name drugs with a generic equivalent available aren't covered on the Essential Drug List.

Some common drugs that aren't on the Essential Drug List are shown below. Other preferred alternatives may also be available. Please note, exclusions and limitations may apply. For details about what's covered and what's not, it's best to check the Certificate/Evidence of Coverage or Summary Plan Description (SPD).

To view and search the complete Essential Drug List, members should log in at [anthem.com](http://anthem.com) and choose **Prescription Benefits**. Information on dosage/strength options and any restrictions such as quantity limits, prior approval or step therapy requirements is available. Members can also call Member Services at the number on their ID card.

### What if a medication isn't on the Essential Drug List?

There may be times when a member's drug isn't on the Essential Drug List. If the covered alternative options aren't right for a member, their doctor can submit a request for an exception. This process, called prior authorization, requires the doctor to call the Member Services number on the member's ID card or go to [anthem.com/pharmacyinformation](http://anthem.com/pharmacyinformation) to download and submit the prior authorization form.

Doctors can also submit prior authorizations electronically, which requires less processing time and possible real-time approval so members can fill their prescriptions right away.

For the most up-to-date information, members should log in at [anthem.com](http://anthem.com) and choose **Prescription Benefits**.

Drug class	Medications not on the Essential Drug List	Preferred alternatives
Acne – antibiotic	Acticlate, Doryx, Oracea, Solodyn, Vibramycin, Ximino ER	Generic minocycline and doxycycline products
Allergic Reaction Treatment	Adrenaclick, Auvi-Q, Epinephrine auto-injector (Impax and Lineage), EpiPen, EpiPen JR	Epinephrine auto-injector (Authorized generic EpiPen from Mylan)
Attention deficit hyperactivity disorder (ADHD)	Focalin XR	Adderall XR, dexamethylphenidate ER, Vyvanse
Allergies – antihistamines	Karbinal ER, Levocetirizine	desloratadine, Zytec solution OTC*, cetirizine*, fexofenadine*, loratadine*
Blood modifiers	Epogen, Mircera	Procrit, Aranesp
Cholesterol	Altoprev, Crestor, Liptruzet, Livalo	atorvastatin, ezetimibe, ezetimibe/simvastatin, lovastatin, pravastatin, rosuvastatin, simvastatin
Diabetes – insulin	Admelog, Basaglar, Afrezza, Apidra, Fiasp, Novolin, Novolog, Tresiba	Humulin, Humalog, Lantus, Levemir, Toujeo
Diabetes – biguanides	Fortamet (brand and generic), Glumetza (brand and generic), Riomet	Metformin, metformin ER (generic Glucophage XR)
Diabetes – DPP4 combo	Kazano, Kombiglyze XR	Janumet/XR, Jentadueto
Diabetes – DPP4s	Nesina, Onglyza	Tradjenta, Januvia
Diabetes – GLP1s	Tanzeum	Bydureon, Byetta, Ozempic, Trulicity, Victoza
Diabetes – SGLT2/combo	Farxiga, Glyxambi, Invokana, Invokamet/XR, Qtern, Segluromet, Steglatro, Steglujan, Xigduo XR	Jardiance, Synjardy/XR
Diabetes – test strips	All except OneTouch & Accu-check	OneTouch & Accu-check
Erectile dysfunction	Levitra, Staxyn, Stendra	Cialis, sildenafil citrate (generic Viagra)
Gastrointestinal – PPIs	Dexilant, lansoprazole, pantoprazole	Nexium*, omeprazole
Growth hormone	Genotropin, Norditropin, Omnitrope, Saizen, Tev-Tropin, Zomacton	Humatrope, Nutropin AQ
Hepatitis C – genotype 1	Harvoni, Viekira Pak/XR, Olysio	Mavyret, Sovaldi, Eplclusa

Drug class	Medications not on the Essential Drug List	Preferred alternatives
<b>Immunologicals</b>	Actemra, Cimzia, Cosentyx, Orencia, Otezla, Xeljanz	Enbrel, Humira, Simponi
<b>Migraines</b>	Frova, Relpax	Frovatriptan, rizatriptan, sumatriptan, zolmitriptan
<b>Multiple sclerosis</b>	Aubagio, Copaxone, Extavia, Rebif, Tysabri	Avonex, Betaseron, Gilenya, glatiramer, Glatopa, Plegriidy, Tecfidera
<b>Nasal steroids &amp; combos</b>	All Nasal Steroids including budesonide, Rhinocort Aqua Nasal Spray	Dymista, mometasone nasal spray, Nasal steroids OTC such as Rhinocort Allergy*
<b>Respiratory – anti-cholinergics</b>	Incruse Ellipta, Tudorza Pressair	Spiriva
<b>Respiratory – anti-inflammatory</b>	Aerospan, Alvesco, Armonair, Asmanex, Pulmicort	Arnuity Ellipta, Flovent, Qvar Redihaler
<b>Respiratory – ICS/LABAs</b>	Airduo, fluticasone/salmeterol	Advair, Breo Ellipta, Dulera, Symbicort
<b>Respiratory – LABAs</b>	Arcapta, Brovana, Striverdi	Foradil, Perforomist, Serevent
<b>Respiratory – LAMA/LABAs</b>	Bevespi, Utibron	Anoro Ellipta, Combivent, Stiolto
<b>Respiratory – SABAs</b>	Proventil HFA, Ventolin HFA, Xopenex HFA	ProAir HFA, ProAir Respiclick
<b>Sedative/hypnotics</b>	Intermezzo, Rozerem, zolpidem ER	Eszopiclone, zolpidem
<b>Testosterone – topical</b>	AndroGel 1%, Axiron, Fortesta, Natesto, Testim, Testosterone Gel 1% (brand versions**), Vogelxo	testosterone gel 1% (generic versions***), testosterone gel 30mg/1.5ml, AndroGel 1.62%,
<b>Thyroid</b>	Synthroid, Tirosint	levothyroxine

\*OTC – Available over the counter without a prescription required

\*\* Qualitest and Upsher Smith

\*\*\*Actavis, PAR, Perrigo and Prasco

#### Common medications not on the Essential Drug List (in alphabetical order)

Actemra	Copaxone	Incruse Ellipta	Oracea	Testim
Acticlate	Cosentyx	Intermezzo	Orencia	Testosterone Gel 1% (Qualitest and Upsher Smith)
Admelog	Crestor	Invokamet/XR	Otezla	Tev-Tropin
Adreaclick	Dexilant	Invokana	pantoprazole	Tirosint
Aerospan	Diabetic test strips – all except OneTouch & Accu-chek	Karbinal ER	Proventil HFA	Tresiba
Afrezza	Doryx	Kazano	Pulmicort	Tudorza Pressair
Airduo	Epinephrine auto-injector (Impax and Lineage)	Kombiglyze XR	Qtern	Tysabri
Altoprev	EpiPen	lansoprazole	Rebif	Utibron
Alvesco	EpiPen JR	Levitra	Relpax	Ventolin HFA
AndroGel 1%	Epogen	Levocetirizine	Rhinocort Nasal Spray	Vibramycin
Apidra	Extavia	Liptruzet	Riomet	Viekira Pak
Arcapta	Farxiga	Livalo	Rozerem	Viekira Pak/XR
Armonair	Fiasp	Mircera	Saizen	Vogelxo
Asmanex	fluticasone/salmeterol	Nasal Steroids - all	Segluromet	Xeljanz
Aubagio	Focalin XR	Natesto	Solodyn	Xigduo XR
Auvi-Q	Fortamet (brand and generic)	Nesina	Staxyn	Ximino ER
Axiron	Fortesta	Norditropin	Steglatro	Xopenex HFA
Basaglar	Frova	Novolin	Steglujan	zolpidem ER
Bevespi	Genotropin	Novolog	Striverdi	Zomacton
Brovana	Glumetza (brand and generic)	Olysio	Stendra	
budesonide	Glyxambi	Omnitrope	Synthroid	
Cimzia	Harvoni	Onglyza	Tanzeum	

# PreventiveRx<sup>SM</sup> Drug List: PreventiveRx Plus Plan (Essential)



PreventiveRx covers drugs that may keep you healthy because they may prevent illness and other health conditions. You can get the products on this list at low or no cost to you depending on your benefit.

This list includes only prescription products. Brand-name drugs are listed with a first capital letter. Non-brand drugs (generics) are in lowercase letters.

Most brand-name drugs that have a generic equivalent available are not covered under this Preventive Rx benefit.

All drugs\* listed below are covered for plans with the Essential Drug List. If your plan has a different drug list, please check to see if these drugs are included on your drug list. PreventiveRx Plus drugs are only covered if they are included on your specific drug list.

\*Some drugs may be excluded from your benefits. Please refer to your Certificate or Evidence for Coverage for coverage limitations and exclusions.

## Asthma

Advair  
Advair HFA  
albuterol sulfate  
nebulization soln, syrup,  
tabs  
aminophylline  
Arnuity Ellipta  
Breo Ellipta  
budesonide inhalation  
suspension  
cromolyn sodium  
nebulization soln  
difil- G  
Dulera  
elixophyllin  
Flovent Diskus  
Flovent HFA  
Foradil  
levalbuterol nebulization  
soln  
metaproterenol sulfate  
syrup, tabs  
montelukast  
Perforomist  
ProAir HFA  
ProAir RespiClick  
QVAR  
Serevent Diskus  
Spiriva Respimat  
Symbicort  
terbutaline sulfate injection,  
tabs  
Theo- 24  
Theochron  
theophylline  
zafirlukast

## Blood clots

Brilinta  
Eliquis  
heparin  
warfarin  
Xarelto

## Diabetes

*Diabetic supplies including blood glucose meters, test strips and lancets require a prescription to be covered by this plan. Only blood glucose meters & blood glucose test strips by Lifescan & Roche will be covered by this benefit.*

acarbose  
ActoPlusMet XR  
Bydureon  
Byetta  
chlorpropamide  
glimepiride  
glipizide  
glipizide er/xl  
glipizide with metformin hcl  
glyburide  
glyburide with metformin  
hcl  
glyburide, micronized  
Humalog  
Humalog KwikPen  
Humulin  
Humulin KwikPen  
Janumet  
Janumet XR  
Januvia  
Jardiance  
Jentadueto

Jentadueto XR  
Lantus  
Lantus Solostar  
Levemir  
Levemir Flexpen  
Levemir FlexTouch  
metformin hcl  
metformin hcl er (Generic  
for Glucophage XR)  
miglitol  
nateglinide  
pioglitazone  
pioglitazone- glimepiride  
pioglitazone- metformin  
repaglinide  
repaglinide- metformin  
Symlin  
Synjardy  
Synjardy XR  
tolazamide  
tolbutamide  
Toujeo  
Trulicity  
Victoza

## Heart health and high blood pressure

acebutolol hcl  
acetazolamide  
afeditab cr  
amiloride hcl  
amiloride/ hctz  
amlodipine besylate  
amlodipine/ benazepril  
amlodipine/ olmesartan  
amlodipine/ valsartan  
amlodipine/ valsartan/ hctz

atenolol  
atenolol/ chlorthalidone  
benazepril hcl  
benazepril hcl/ hctz  
betaxolol hcl  
Bidil  
bisoprolol fumarate  
bisoprolol fumarate/ hctz  
bumetanide  
candesartan  
candesartan/ hctz  
captopril  
captopril/ hctz  
cartia xt  
carvedilol  
chlorothiazide  
chlorthalidone  
clonidine hcl  
Clorpres 0.1, 0.2mg  
Coreg CR  
digitek  
digoxin  
Dilatrate SR  
dilt-cd  
diltiazem hcl  
diltiazem hcl er  
doxazosin mesylate  
enalapril maleate  
enalapril/ hctz  
eplerenone  
eprosartan  
ethacrynic acid tabs  
felodipine er  
fosinopril sodium  
fosinopril/ hctz  
furosemide  
guanfacine hcl  
hydralazine

# PreventiveRx<sup>SM</sup> Drug List: PreventiveRx Plus Plan (Essential)



hydrochlorothiazide	nifedical XL	telmisartan/ amlodipine	rosuvastatin	<b>Stroke</b>
indapamide	nifedipine	telmisartan/ hctz	simvastatin	aspirin- dipyridamole ER
irbesartan	nifedipine er	terazosin hcl	Welchol	cilostazol
irbesartan/ hctz	nimodipine	timolol maleate tablet	<b>Osteoporosis</b>	clopidogrel bisulfate
Isordil 40mg	nisoldipine er	torse mide	alendronate sodium	dipyridamole
isosorbide dinitrate	Nitro-Bid	trandolapril	amabelz	prasugrel
isosorbide dinitrate er	Nitro-Dur 0.3, 0.8mg/ hr	trandolapril/ verapamil	calcitonin- salmon	ticlopidine
isosorbide mononitrate	nitroglycerin	triamterene/ hctz	Climara Pro	
isosorbide mononitrate er	nitroglycerin 400 mcg spray	valsartan	Combipatch	
isradipine	nitroglycerin er	valsartan/ hctz	covaryx	
labetalol hcl	nitroglycerin lingual	verapamil hcl	covaryx HS	
Lanoxin 62.5, 187.5mcg	nitroglycerin spray	verapamil hcl er	est. estrogens with methyltestosterone	
lisinopril	nitroglycerin sl tabs	<b>High cholesterol</b>	estradiol tab, patch	
lisinopril/ hctz	olmesartan	Advicor	estradiol/ norethindrone	
losartan	olmesartan/ hctz	atorvastatin	acetate	
losartan/ hctz	olmesartan/ amlodipine/ hctz	atorvastatin/ amlodipine	estropipate	
Matzim LA	perindopril	cholestyramine	fortical	
methazolamide	pindolol	cholestyramine light	Fosamax Plus D	
methyclothiazide	prazosin hcl	colestipol hcl	ibandronate sodium tablets	
methyldopa	propranolol hcl	ezetimibe	Jevantique	
methyldopa/ hctz	propranolol hcl er	ezetimibe- simvastatin	Jinteli	
metolazone	propranolol/ hctz	fenofibrate (43, 67, 130, 134, 200 mg capsules & 40, 48, 54, 120, 145, 160mg tablets)	medroxyprogesterone acetate	
metoprolol succinate er	quinapril hcl	fenofibric acid	Menest	
metoprolol tartrate	quinapril/ hctz	fluvastatin	norethindrone- ethin estradiol	
metoprolol/ hctz	ramipril	gemfibrozil	Premarin tablets	
minoxidil	Ranexa	lovastatin	Premphase	
moexipril hcl	reserpine	niacin ER	Prempro	
moexipril/ hctz	sorine	pravastatin	raloxifene	
nadolol	sotalol hcl	Prevalite	risedronate	
nadolol/ bendroflumethiazide	sotalol hcl af			
nicardipine hcl	spironolactone			
	spironolactone/ hctz			
	Taztia XT			
	telmisartan			

This list may change without notice which may affect your benefit coverage. To be sure your medication is covered under the PreventiveRx benefit, call the member services number located on your ID card.

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## Get help in your language

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

You have the right to get this information and help in your language for free. Call the Member Services number on your ID card for help. (TTY/TDD: 711)

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.

### Spanish

Tiene el derecho de obtener esta información y ayuda en su idioma en forma gratuita. Llame al número de Servicios para Miembros que figura en su tarjeta de identificación para obtener ayuda. (TTY/TDD: 711)

### Chinese

您有權使用您的語言免費獲得該資訊和協助。請撥打您的 ID 卡上的成員服務號碼尋求協助。(TTY/TDD: 711)

### Vietnamese

Quý vị có quyền nhận miễn phí thông tin này và sự trợ giúp bằng ngôn ngữ của quý vị. Hãy gọi cho số Dịch Vụ Thành Viên trên thẻ ID của quý vị để được giúp đỡ. (TTY/TDD: 711)

### Korean

귀하에게는 무료로 이 정보를 얻고 귀하의 언어로 도움을 받을 권리가 있습니다. 도움을 얻으려면 귀하의 ID 카드에 있는 회원 서비스 번호로 전화하십시오. (TTY/TDD: 711)

### Tagalog

May karapatan kayong makuha ang impormasyon at tulong na ito sa ginagamit ninyong wika nang walang bayad. Tumawag sa numero ng Member Services na nasa inyong ID card para sa tulong. (TTY/TDD: 711)

### Russian

Вы имеете право получить данную информацию и помощь на вашем языке бесплатно. Для получения помощи звоните в отдел обслуживания участников по номеру, указанному на вашей идентификационной карте. (TTY/TDD: 711)

### Arabic

يحق لك الحصول على هذه المعلومات والمساعدة بلغتك مجاناً. اتصل برقم خدمات الأعضاء الموجود على بطاقة التعريف الخاصة بك للمساعدة. (TTY/TDD: 711)

### Armenian

Ձեր իրավունք ունեք Ձեր լեզվով անվճար ստանալ այս տեղեկատվությունը և ցանկացած օգնություն: Օգնություն ստանալու համար զանգահարեք Անդամների սպասարկման կենտրոն՝ Ձեր ID քարտի վրա նշված համարով: (TTY/TDD: 711)

### Farsi

شما این حق را دارید که این اطلاعات و کمکها را به صورت رایگان به زبان خودتان دریافت کنید. برای دریافت کمک به شماره مرکز خدمات اعضاء که بر روی کارت شناساییتان درج شده است، تماس بگیرید. (TTY/TDD: 711)

### French

Vous avez le droit d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour cela, veuillez appeler le numéro des Services destinés aux membres qui figure sur votre carte d'identification. (TTY/TDD: 711)

#### Japanese

この情報と支援を希望する言語で無料で受けることができます。支援を受けるには、IDカードに記載されているメンバーサービス番号に電話してください。(TTY/TDD: 711)

#### Haitian

Ou gen dwa pou resevwa enfòmasyon sa a ak asistans nan lang ou pou gratis. Rele nimewo Manm Sèvis la ki sou kat idantifikasyon ou a pou jwenn èd. (TTY/TDD: 711)

#### Italian

Ha il diritto di ricevere queste informazioni ed eventuale assistenza nella sua lingua senza alcun costo aggiuntivo. Per assistenza, chiami il numero dedicato ai Servizi per i membri riportato sul suo libretto. (TTY/TDD: 711)

#### Polish

Masz prawo do bezpłatnego otrzymania niniejszych informacji oraz uzyskania pomocy w swoim języku. W tym celu skontaktuj się z Działem Obsługi Klienta pod numerem telefonu podanym na karcie identyfikacyjnej. (TTY/TDD: 711)

#### Punjabi

ਤੁਹਾਨੂੰ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਇਹ ਜਾਣਕਾਰੀ ਅਤੇ ਮਦਦ ਮੁਫਤ ਵਿੱਚ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਮਦਦ ਲਈ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਉੱਤੇ ਮੈਂਬਰ ਸਰਵਿਸਿਜ਼ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। (TTY/TDD: 711)

#### Navajo

Bee ná ahoót'í t'áá ni nizaad k'ehjí níká a'doowó t'áá jík'e. Naaltsoos bee atah nilínígíí bee nécho'dólzingo nanitínígíí béésh bee hane'í bikáá' áá jì' hodiílnih. Naaltsoos bee atah nilínígíí bee nécho'dólzingo nanitínígíí béésh bee hane'í bikáá' áá jì' hodiílnih. (TTY/TDD: 711)

#### 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 your benefits with you

With the BlueCard® PPO and Blue Cross Blue Shield Global Core programs

What happens if you're away from home and you need care right away? As an Anthem member, you have access to care across the country through the **BlueCard® PPO Program**. This includes **92% of doctors and 96% of hospitals in the U.S.**<sup>1</sup>

If you're outside the U.S., you can use the **Blue Cross Blue Shield Global Core Program**. It gives you access to doctors and hospitals in over 190 countries and territories around the world.<sup>2</sup>

## Traveling?

### Here's what you need to know

- Save money by seeing a BlueCard program doctor or hospital. You only pay your usual out-of-pocket amounts (such as deductible, your percentage of costs or copay). If you go to a doctor or hospital outside the program, you'll need to pay the entire bill up front.
- Show your Brand ID card so they can check your benefits and send us a claim for processing.

## How to access care across the U.S.



Call 911 or go to the nearest hospital in an emergency.\*



Go to [anthem.com](http://anthem.com), log in and use the **Find a Doctor** tool to search for a BlueCard PPO Program doctor or hospital.



Use the **Anthem Blue Cross Blue Shield app** to search for a BlueCard PPO Program doctor or hospital. Get turn-by-turn directions to the nearest doctor, urgent care center or hospital.



Call Member Services at the number on your ID card. They can help you find a doctor or hospital.

\*You or a family member need to call the Member Services number on your ID card within 48 hours after going to the hospital or as soon as you can.



### Remember to carry your ID card

The "PPO-in-a-suitcase" symbol shows you can get care from BlueCard PPO Program doctors and hospitals.

# How to access care around the world

The Blue Cross Blue Shield Global Core Program gives you benefits when you travel outside the U.S.



## If you're outside the U.S. and need care, you can:



Go straight to the nearest hospital in an emergency.



Go to [bcbsglobalcore.com](http://bcbsglobalcore.com) to search for a doctor or hospital.



Use the Blue Cross Blue Shield Global Core app to find a doctor or hospital.



Call the Blue Cross Blue Shield Global Core Service Center 24/7 at 1-800-810-2583 (BLUE) or call collect at 1-804-673-1177. They can help you set up a doctor visit or hospital stay.



**Download the Blue Cross Blue Shield Global Core app today**

**With the app, you can:**

- Search for a doctor or hospital.<sup>3</sup>
- Get medical terms and phrases for many symptoms translated – and even use an audio feature to play the translation.<sup>3</sup>
- Find a drug's generic name, local brand name and if it's available.
- Get information about how to find and contact a U.S. embassy.



### What if you get care from a doctor or hospital who is not part of the Blue Cross Blue Shield Global Core Program?

1. You will need to pay up front in full for your care.
2. Download an international claim form at [bcbsglobalcore.com](http://bcbsglobalcore.com) or get a form by calling Member Services at the number on your ID card.
3. Fill out the claim form and send it with the original bills to the Blue Cross Blue Shield Global Core Service Center.

<sup>1</sup> Blue Cross Blue Shield Association website, *About Blue Cross Blue Shield Association* (accessed January 2016); [bcbs.com/about-the-association/](http://bcbs.com/about-the-association/).

<sup>2</sup> Blue Cross Blue Shield Association website, *Blue Facts: Healthcare Coverage Designed For Your Community, Accessible Across The Country* (accessed January 2016); [bcbs.com/healthcare-news/press-center/blue-facts.html](http://bcbs.com/healthcare-news/press-center/blue-facts.html).

<sup>3</sup> Using the BlueCard Worldwide app itself does not require an internet connection. However, using GPS for mapping or downloading an audio translation does require an internet connection.

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

Blue Cross, Blue Shield, the Blue Cross and Blue Shield symbols, BlueCard, BlueCard Worldwide, and Blue Cross Blue Shield Global are trademarks of the Blue Cross Blue Shield Association, an association of independent Blue Cross and Blue Shield companies.

# Choose an easier way to better health

## Health and wellness programs designed for your unique needs

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



### ConditionCare

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

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



### Future Moms

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

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



### 24/7 NurseLine

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

These nurses can:

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

## Get the support you need

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

- ConditionCare: 866-960-0812
- Future Moms: 800-828-5891
- 24/7 NurseLine: 800-337-4770



And Its Affiliate HealthKeepers, Inc.

# The savvy member's action guide

## Smart ways Anthem members get more from their health plans

### Sometimes the simple things make a big difference

Here are a few easy tips you can use to get more from your benefits and save money on health care. You can find more detailed information on these tips at [anthem.com](http://anthem.com).

#### Savvy ways to keep overall costs down

##### Tip #1: Ask about your choices for certain kinds of care

Hospitals have higher overhead costs, so they usually charge more for their inpatient and outpatient care. Many services can be performed in a doctor's office, surgery center or freestanding radiology center. This saves you out-of-pocket costs. You usually only pay your copay (a set amount of your share of the costs) instead of coinsurance (a percentage of the costs) for care you get in a doctor's office or freestanding center.

It's also important to know that not all providers within a contracted hospital may be individually contracted to provide care to our members. For example, if you are scheduled for a procedure that would involve the services of several providers, such as an anesthesiologist or a radiologist, it's possible that not all of the providers helping to render your care are contracted providers within our network. If that occurs, nonparticipating providers can charge you for costs above and beyond what we have agreed to pay for covered services with providers who are in our network.

So it's important to find out up front if all of the hospital-based providers who will be serving you are part of our network. There are several ways you can check to make sure a hospital-based provider is also part of our network:

- Ask for a complete list of all providers who will be providing services.
- Ask the facility if each provider is a contracted provider within our network.
- Call Member Services to confirm if the provider is in our network.
- Log on to [anthem.com](http://anthem.com) and use the **Find a Doctor** tool to look up the provider and verify if the provider is in our network.
- If your admission to a hospital is unplanned and therefore considered an emergency, there may not be time to determine up front if providers treating you are in our network. If possible, a family member may be able to check on your behalf.

##### Tip #2: Estimate your Cost

Did you know that different hospitals and facilities charge different amounts for the same services? Now you can know your cost before you set foot in the hospital. By getting an estimate of your costs based on the benefits of your health plan, you can choose a facility that fits your budget.

##### How to get an estimate of costs:

- Log in at [anthem.com](http://anthem.com) and select **Estimate Your Cost**.
- Simply search or browse for the procedure you are looking for and the tool will help guide you.
- You can easily compare facilities in your area.

### Tip #3: Keep an eye on your EOB

You'll receive an *Explanation of Benefits* (EOB) whenever you get care. It's like your personal claim and coverage report. When you get one, make sure it's right and only lists care you received. If you're ever unsure about a charge, call the Member Services number on your Anthem ID card and we'll help clear things up.

### Tip #4: Use network doctors and hospitals

You have access to some of the largest networks of doctors. That means the doctors you already know and trust are likely in our networks. We work with our large provider networks to make sure when you visit a network doctor, your share of the cost is lower — even before you pay any deductible — so you can save from day one of your coverage. You also get access to providers across the country. When you get care out of the network, you'll pay more and you'll likely have to file claims yourself (network doctors do that for you).

Three quick ways to find network care:

1. Type [anthem.com](http://anthem.com) into your smartphone browser to use our easy mobile app.
2. Log in to [anthem.com](http://anthem.com) and select **Find a Doctor**.
3. Call the Member Services number on your Anthem ID card.

## Savvy places to get quality care at lower costs

### Tip #1: Get live access to doctors 24/7 with your computer or phone through LiveHealth Online

LiveHealth Online is a new benefit that allows you to speak directly to doctors 24 hours a day for the cost of an office visit copay. Visit [livehealthonline.com](http://livehealthonline.com) to register.

### Tip #2: Ask about your options for radiology services

We give your doctor quality and cost information for radiology centers in your area. This list can help you get the highest quality care at the lowest cost. Anthem Blue Cross and Blue Shield and its affiliate HealthKeepers, Inc. (Anthem) include in-network radiology centers that have been rated on many factors, including quality and cost. You and your doctor can use this list together to help you choose the right radiology center for you.

### Tip #3: Use freestanding labs

You can usually visit a freestanding lab for things like blood and urine tests. This is another way you can lower your out-of-pocket costs.

### Tip #4: Use urgent care or walk-in centers when it's not life-threatening

Emergency room (ER) care costs a lot more money and time than care you get in your doctor's office, urgent care or walk-in centers. So save the ER for true emergencies. For things like minor cuts and sprains, ear or throat infections, bronchitis and other non-life-threatening issues, you'll usually get care faster — and pay lower copays and/or coinsurance — when you use your network doctor's office, urgent care or walk-in center.





## Savvy choices in preventive care and wellness programs

### Tip #1: Get preventive care

You have 100% coverage for network checkups, flu shots and some cancer screenings like mammograms. Getting preventive care can help prevent childhood diseases, diabetes, high blood pressure, cancer and other health issues that could cost you a lot more in the long run. Get peace of mind and better health at no extra cost to you!

### Tip #2: Understand the difference between preventive care and diagnostic care

Your coverage includes access to preventive care services at no cost, which can really help you stay on track with your health. But it's important to understand the difference between preventive care and diagnostic care so there will be no surprises about out-of-pocket costs. If you see your doctor for a routine screening, such as a checkup, and there are no health issues discovered, that will be billed as a preventive care service. But if the doctor uncovers something that warrants more testing or treatment, it will be billed as a diagnostic visit and you will be expected to pay your regular cost share for an office visit copay. Also, if you have previously been diagnosed with a condition such as high cholesterol or diabetes and visit your doctor for a subsequent checkup, that visit will also be considered diagnostic rather than preventive and the applicable cost share will apply.

### Tip #3: Take advantage of health and wellness programs at no extra cost

Let us help you live healthier, feel better and save money. Get help with an ongoing health problem, call our 24/7 NurseLine, or have a coach help you get fit, lose weight or quit smoking. It's all part of your plan at no extra cost. Not sure where to start? Take the Health Assessment at [anthem.com](http://anthem.com). It looks at where you are now and the steps you can take to be your healthiest.

## Savvy savings on prescriptions

### Tip #1: Shop around for the lowest drug costs

You can buy your prescription drugs from different places: local pharmacies, retailers, grocery stores and home delivery pharmacy. Drug prices can vary quite a bit from place to place. You can save money by comparing costs before you fill your prescription.

### Tip #2: Choose generic drugs

Generic drugs generally work just as well as brand-name drugs, but cost much less. The Food and Drug Administration (FDA) requires that brand and generic drugs have the same active ingredients, strength and dose. Ask your doctor if generics are available and right for you. If not, your doctor may know of other brand names that cost less.

### Tip #3: Use over-the-counter drugs when you can

You don't need a prescription for over-the-counter (OTC) drugs. They often have the same active ingredients as some prescription drugs, but usually cost a lot less. OTC allergy and heartburn medicines are good examples. Just make sure to ask your doctor if it's okay to swap your prescription drug for an OTC medicine.

### Tip #4: Look into our special pharmacy programs

We have two programs that can help you save right away by lowering your copay or coinsurance. Call the pharmacy number on your Anthem ID card to see if you qualify for these programs. Then, ask your doctor if one could be right for you:

- Use our Half Tablet program to save money without changing drugs. You get your current medicine on the Half Tablet program drug list prescribed at double the strength, then use a tablet splitter to cut the tablet in half. You can save up to 50% off your typical copay with this program.
- Use our GenericSelect program the first time you fill a new prescription by filling it with a generic on our list. We'll waive your first copay at a retail pharmacy or our home delivery pharmacy.

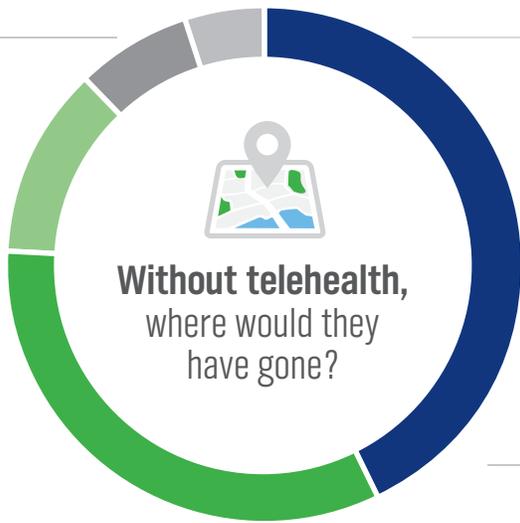
## Register today at [anthem.com](https://www.anthem.com)

Explore and sign up on our members-only site to learn more about your health care options, costs and ways to help take control of your health. You can also call Member Services for help.



# Health Care **24/7** **365** Days a Year

**LiveHealth**<sup>®</sup>  
O N L I N E



How often have you needed medical care but couldn't get it because you were too busy, weren't near your doctor or needed help after hours? LiveHealth Online<sup>®</sup> lets you skip long waits and have a video doctor visit from the comfort and convenience of your own home or while you're on the go.



**1 in 5 Americans** lack adequate access to primary care<sup>1</sup>



**\$49 or less** is the average cost of a video doctor visit

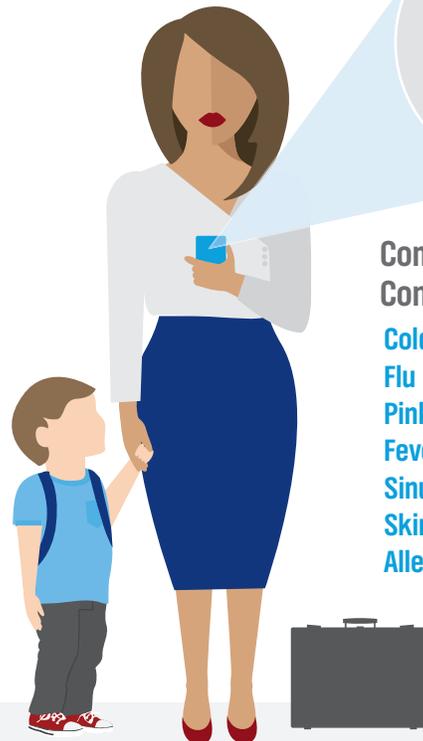
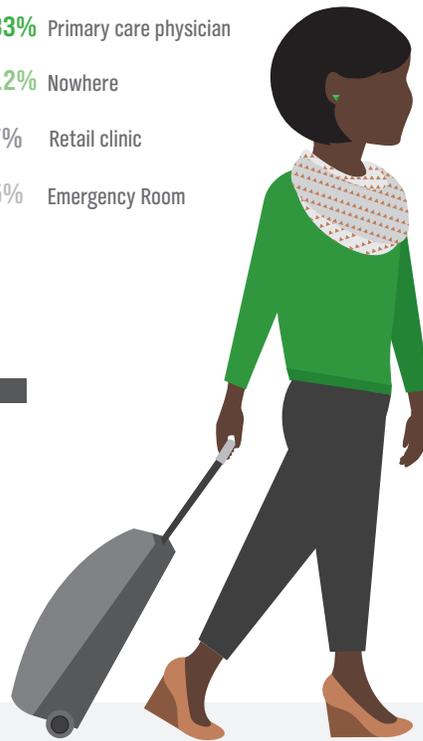
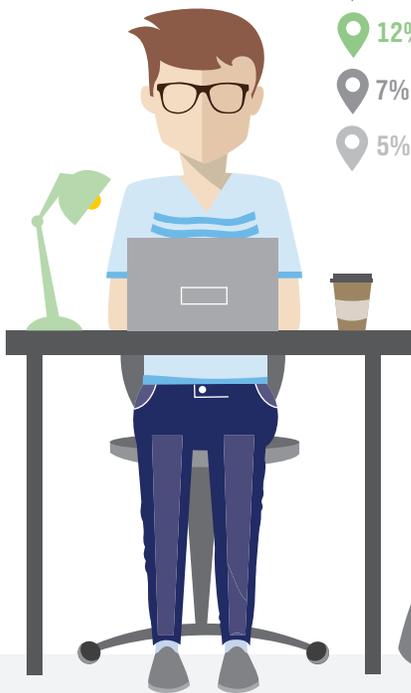


**2-3 hours** the amount of time you can save seeing a doctor using LiveHealth Online



**4.8 out of 5** average consumer satisfaction rating

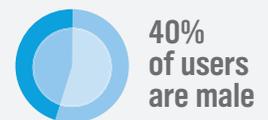
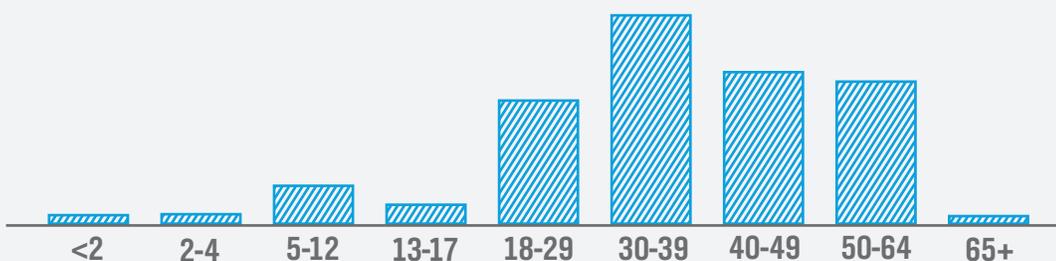
- 43%** Urgent care
- 33%** Primary care physician
- 12%** Nowhere
- 7%** Retail clinic
- 5%** Emergency Room



## Commonly Treated Conditions:

- Cold
- Flu
- Pink Eye
- Fever
- Sinus Infection
- Skin Rash/Infections
- Allergies

## Utilization By Age and Gender



Results are from inception through 8/31/17

**50 States**  
have LiveHealth Online  
services available



### About LiveHealth Online

Getting quick and easy access to quality medical care is now easier than ever. Using LiveHealth Online, consumers can connect to U.S.-based, board-certified doctors 24 hours a day, 7 days a week in minutes by two-way video using their smartphone, tablet or computer. All with no appointments or long wait times.

### Availability

Telehealth services are available in 50 states and Washington DC.<sup>2</sup> See online map for more details at [livehealthonline.com](http://livehealthonline.com).

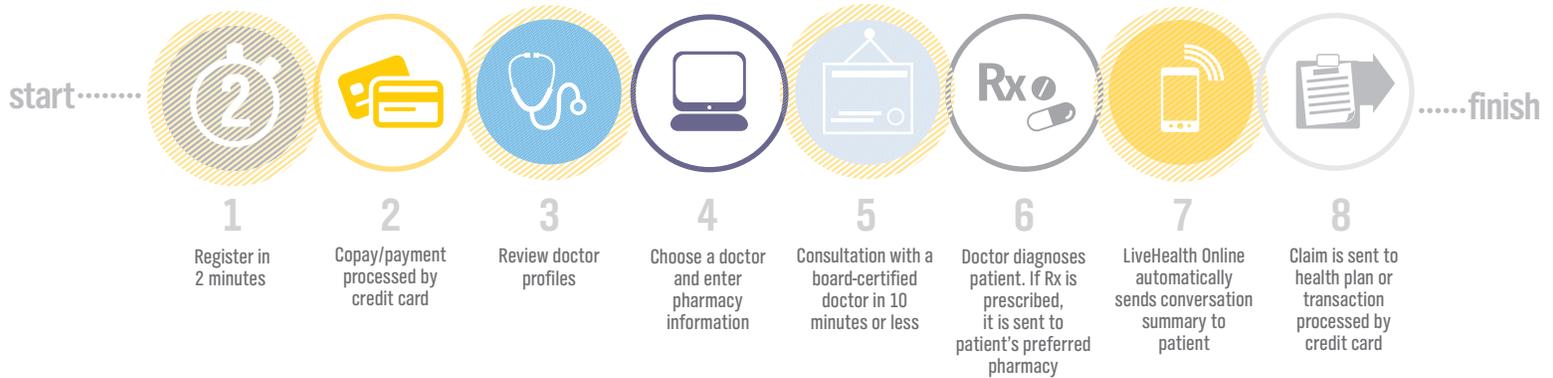
### Treatment

When your own doctor isn't available you can use LiveHealth Online to connect with a doctor in minutes when you have a common health condition. Doctors can review your medical history, assess your condition, provide a treatment plan and even send a prescription to the pharmacy you select, if needed.

### Price

The cost of an online visit using LiveHealth Online is \$49 or less depending on your health insurance plan.

## How LiveHealth Online Works:



### More Information

To learn more about LiveHealth Online, visit [www.livehealthonline.com](http://www.livehealthonline.com). You can register by downloading the app for free from iTunes or Google Play store and signing-up.

**100%** of LiveHealth Online doctor's visits are conducted through live video.

**LiveHealth**  
O N L I N E

1. Source: National Association of Community Health Centers (NACHC). "Access Is the Answer: Community Health Centers, Primary Care & the Future of American Health Care". (March 2014). <http://www.nhchc.org/wp-content/uploads/2013/04/nachc-access-is-answer-brief.pdf>

2. Last update: 9/1/2016. Please note: Because of the dynamic nature of telehealth, laws, statutes, or policies regarding telehealth vary by state and change frequently. For the very latest availability please go to: [www.livehealthonline.com](http://www.livehealthonline.com)

LiveHealth Online is the trade name of Health Management Corporation.



# Know where to go for care, before you need it



Knowing where to go if you get sick or hurt can save you lots of time and money, and help you get the best medical care. How do you choose where to go when the unexpected happens?

## The emergency room (ER) shouldn't be your first stop – unless there's a true emergency.

Go to the nearest emergency room or call **911** if:

- There is a lot of pain or bleeding.
- You think a bone is broken.
- You are having trouble breathing.
- You think the problem might get a lot worse if you don't get help right away.
- You think the problem could kill you.
- There was no warning before your symptoms started.

If you need help but it isn't an emergency, here are your options:

- **Call your doctor.** He or she can help you decide whether you should go to an urgent care or come into the office.
- **Call 24/7 NurseLine.** A registered nurse will help you decide what to do.
- **Go to a retail health clinic.** These are small offices in drug stores or other large stores. They are open on weekends, evenings and most holidays. If the clinic can't help you, they'll tell you where to go next and you won't have to pay.
- **Go to an urgent care center.** Urgent care is for when you need to be treated right away, but your problem isn't serious. These centers are typically open late at night, and on weekends and holidays.
- **Visit a doctor using LiveHealth Online.** Board-certified doctors are available 24/7 to see you via video using your computer or mobile device. Use LiveHealth Online for common health issues like the cold, a flu, allergies and pink eye.



### Not sure what to do? Call your doctor.

He or she can help you find the best place to get care.



And Its Affiliate HealthKeepers, Inc.

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

Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. Anthem Blue Cross and Blue Shield and its affiliate HealthKeepers, Inc. are independent licensees of the Blue Cross Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.



## When do I need emergency or urgent care?

While urgent and emergency situations are both serious, urgent care is for problems that need attention right away, but are not severe or life-threatening.

You should go to urgent care for things like an earache, sore throat, rash, sprained ankle, flu or a fever up to 104°. A higher fever might be an emergency.

## Am I covered for emergency care?

Most health plans cover medical care at an ER for situations like the ones listed on the other side. But you may be responsible for the ER costs if you visit an ER when it's not an emergency.

## Am I covered for urgent care?

Urgent care is usually covered if it's provided in a non-ER setting by a provider in the network. If you need urgent care and your doctor can't see you right away, use your best judgment to decide what to do.

To find a doctor, retail health clinic or urgent care center in your plan, go to **anthem.com**, select **Find a Doctor** and follow the instructions to find health professionals near you.

## Questions?

We are here to help, so give us a call at the Member Services number on your ID card. You can also log in to **anthem.com** for a closer look at your benefits.

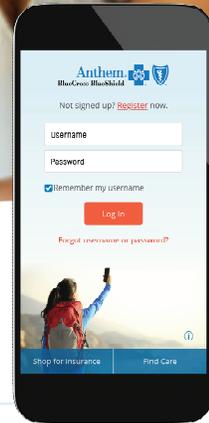
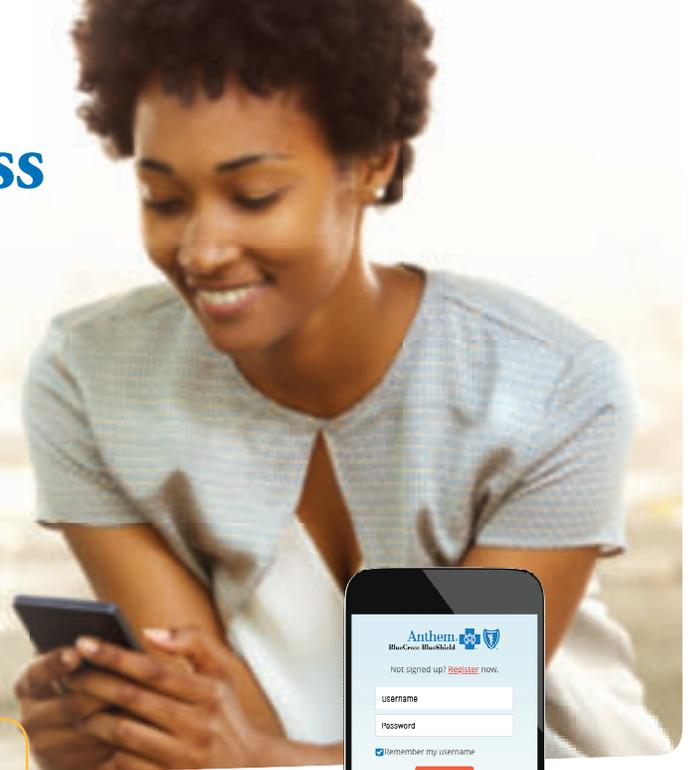


Your doctor can help you find the best place to get care. He or she can help you decide whether you should come into the office, go to the ER, or schedule an appointment to see a specialist.



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

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



## From your computer

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

 Provide the personal information requested

 Create a username and password

 Set your email preferences

 Follow the prompts to complete your registration

## From your mobile device

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

 Confirm your identity

 Create a username and password

 Set your email preferences

 Follow the prompts to complete your registration



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

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

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## We're required by law to provide you with the following information:

Knowing that you have health care coverage that meets your and your family's needs is reassuring. But part of your decision in choosing a plan also means you need to understand:

- Who can enroll
- How you and your employer handle coverage changes
- What's not covered by your plan
- How your coverage works with other health plans you might have

### Who can be enrolled

You can choose coverage for just you. Or, you can have coverage for your family, including you and any of the following family members:

- Your spouse
- Your children age 26 or younger, including:
  - A newborn, natural child or a child placed with you for adoption
  - A stepchild
  - Any other child for whom you have legal guardianship
- Your domestic partner and children, if deemed eligible by your group

Coverage will end on the last day of the month in which they turn 26.

Some children have mental or physical challenges that prevent them from living independently. The dependent age limit does not apply to these enrolled children as long as these challenges were present before they turned 26.

1. At the employer level, which affects you and other employees covered by an employer's plan, your plan can be:

Renewed	Canceled	Changed	When
●			<b>Your employer:</b> <ul style="list-style-type: none"> <li>● Keeps its status as an employer.</li> <li>● Stays in our service area.</li> <li>● Meets our guidelines for employee participation and premium contribution.</li> <li>● Pays the required health care premiums.</li> <li>● Doesn't commit fraud or misrepresent itself.</li> </ul>
	●		<b>Your employer:</b> <ul style="list-style-type: none"> <li>● Makes a bad payment.</li> <li>● Voluntarily cancels coverage (30-days advance written notice required).</li> <li>● Is unable (after being given at least a 30-day notice) to meet eligibility requirements to maintain a group plan.</li> <li>● Still does not pay the required health care premium (after being given a 31-day grace period and at least a 15-day notice).</li> </ul>
	●		<ul style="list-style-type: none"> <li>● We decide to no longer offer the specific plan chosen by your employer (you'll get a 90-day advance notice).</li> <li>● We decide to no longer offer any coverage in Virginia (you'll get a 180-day advance notice).</li> </ul>
		●	You and your employer received a 30-day advance written notice that the coverage was being changed (services were added to your plan or the copays were lowered). Copays can be increased or services can be decreased only when it is time for your group to renew its coverage.

2. At the individual level, which affects you and covered family members, your plan can be:

Renewed	Canceled	When you
●		<ul style="list-style-type: none"> <li>● Stay eligible for your employer's coverage.</li> <li>● Pay your share of the monthly payment (premium) for coverage.</li> <li>● Don't commit fraud or misrepresent yourself.</li> </ul>
	●	<b>Give wrong information on purpose about yourself or your dependents when you enroll. Cancellation is effective immediately.</b>
	●	<ul style="list-style-type: none"> <li>● Lose your eligibility for coverage.</li> <li>● Don't make required payments or make bad payments.</li> <li>● Commit fraud.</li> <li>● Are guilty of gross misbehavior.</li> <li>● Don't cooperate if we ask you to pay us back for benefits that were overpaid (coordination of benefits recoveries).</li> <li>● Let others use your ID card.</li> <li>● Use another member's ID card.</li> <li>● File false claims with us.</li> </ul> <b>Your coverage will be canceled after you receive a written notice from us.</b>

## Special enrollment period

In most cases, you're only allowed to enroll in your employer's health plan during certain eligibility periods, such as when it's first offered to you as a "new hire" or during your employer's open enrollment period, when employees can make changes to their benefits for an upcoming year.

But there can be other times when you may be eligible to enroll. For example, let's say the first time you were offered coverage, you stated in writing that you didn't want to enroll yourself, your spouse or your covered dependents because you had coverage through another carrier or group health plan.

If you or your dependents lose eligibility for that other coverage (or if the employer stops contributing toward your or your dependents' other coverage) you may be able to enroll your family later. But you must ask to be enrolled within 30 days after your or your dependents' other coverage ends (or after the employer stops contributing toward the other coverage).

Also, if you have a new dependent as a result of marriage, birth, adoption or placement for adoption, you may be able to enroll yourself and your dependents. However, you must request enrollment within 30 days after the marriage, birth, adoption or placement for adoption.

Finally, a special enrollment period of 60 days will be allowed if:

- Your or your dependents' coverage under Medicaid or the State Children's Health Insurance Program (SCHIP) is terminated as a result of a loss of eligibility.
- You or your dependents become eligible for premium assistance under a state Medicaid or SCHIP plan.

To request special enrollment or get more information, contact your employer.

Factors used to set the price of health care coverage for employers with 51-99 employees (these factors don't apply to groups with 100 or more full time employees):

- The plan selected by your employer
- Your employer's location
- The age and gender of each employee
- The number of enrolled employees
- The number of dependents enrolled by each enrollee
- The health status of the enrolled employees and their dependents
- Your employer's history

### When you're covered by more than one plan

If you're covered by two different group health plans, one is considered primary and the other is considered secondary. The primary plan is the first to pay a claim and reimburse according to plan allowances. The secondary plan then reimburses, usually covering the remaining allowable cost.

## Determining the primary and secondary plans

See the chart below to learn which health plan is considered the primary plan. The term "participant" means the person who signed up for coverage:

When a person is covered by two group plans, and	Then	Primary	Secondary
One plan does not have a COB provision	The plan without COB is	●	
	The plan with COB is		●
The person is the participant under one plan and a dependent under the other	The plan covering the person as the participant is	●	
	The plan covering the person as a dependent is		●
The person is the participant in two active group plans	The plan that has been in effect longer is	●	
	The plan that has been in effect the shorter amount of time is		●
The person is an active employee on one plan and enrolled as a COBRA participant for another plan	The plan in which the participant is an active employee is	●	
	The COBRA plan is		●
The person is covered as a dependent child under both plans	The plan of the parent whose birthday occurs earlier in the calendar year (known as the birthday rule) is	●	
	The plan of the parent whose birthday is later in the calendar year is		●
	Note: When the parents have the same birthday, the plan that has been in effect longer is	●	
The person is covered as a dependent child and coverage is required by a court decree	The plan of the parent primarily responsible for health coverage under the court decree is	●	
	The plan of the other parent is		●
The person is covered as a dependent child and coverage is not stipulated in a court decree	The custodial parent's plan is	●	
	The noncustodial parent's plan is		●
The person is covered as a dependent child and the parents share joint custody	The plan of the parent whose birthday occurs earlier in the calendar year is	●	
	The plan of the parent whose birthday is later in the calendar year is		●
	Note: When the parents have the same birthday, the plan that has been in effect longer is	●	

## How benefits apply if you're eligible for Medicare

Some people under age 65 are eligible for Medicare in addition to any other coverage they may have. The following chart shows how payment is coordinated under various scenarios:

When a person is covered by Medicare and a group plan, and	Then	Your plan is Primary	Medicare is primary
Is qualified for Medicare coverage due solely to end-stage renal disease (ESRD-kidney failure)	During the 30-month Medicare entitlement period	●	
	Upon completion of the 30-month Medicare entitlement period		●
Is a disabled member who is allowed to maintain group enrollment as an active employee	If the group plan has more than 100 participants	●	
	If the group plan has fewer than 100 participants		●
Is the disabled spouse or dependent child of an active full-time employee	If the group plan has more than 100 participants	●	
	If the group plan has fewer than 100 participants		●
Is a person who becomes qualified for Medicare coverage due to ESRD after already being enrolled in Medicare due to a disability	If Medicare had been secondary to the group plan before ESRD entitlement	●	
	If Medicare had been primary to the group plan before ESRD entitlement		●

## Recovering overpayments.

If health care benefits are overpaid by mistake, we will ask for reimbursement for the overpayment. This is referred to as "coordination of benefits recoveries." We appreciate your help in the recovery process. We reserve the right to recover any overpayment from:

- Any person to or for whom the overpayments were made
- Any health care company
- Any other organization

## What's not covered

In this section you will find a review of items that are not covered by your Plan. Excluded items will not be covered even if the service, supply, or equipment is Medically Necessary. This section is only meant to be an aid to point out certain items that may be misunderstood as Covered Services. This section is not meant to be a complete list of all the items that are excluded by your Plan.

We will have the right to make the final decision about whether services or supplies are Medically Necessary and if they will be covered by your Plan.

**Acts of War, Disasters, or Nuclear Accidents** In the event of a major disaster, epidemic, war, or other event beyond our control, we will make a good faith effort to give you Covered Services. We will not be responsible for any delay or failure to give services due to lack of available Facilities or staff.

Benefits will not be given for any illness or injury that is a result of war, see in the armed forces, a nuclear explosion, nuclear accident, release of nuclear energy, a riot, or civil disobedience.

### Administrative Charges

- Charges to complete claim forms
- Charges to get medical records or reports
- Membership, administrative, or access fees charged by Doctors or other Providers. Examples include, but are not limited to, fees for educational brochures or calling you to give you test results.

**Alternative / Complementary Medicine** Services or supplies for alternative or complementary medicine. This includes, but is not limited to:

- Holistic medicine
- Homeopathic medicine
- Hypnosis
- Aroma therapy
- Massage and massage therapy
- Reiki therapy
- Herbal, vitamin or dietary products or therapies
- Naturopathy
- Thermography
- Orthomolecular therapy
- Contact reflex analysis
- Bioenergetic synchronization technique (BEST)
- Iridology-study of the iris
- Auditory integration therapy (AIT)
- Colonic irrigation
- Magnetic innervation therapy
- Electromagnetic therapy
- Neurofeedback / Biofeedback

**Applied Behavioral Treatment** (including, but not limited to, Applied Behavior Analysis and Intensive Behavior Interventions) for all indications except as described under Autism Services in the "What's Covered" section of your post enrollment Evidence of Coverage or Member Booklet unless otherwise required by law.

**Before Effective Date or After Termination Date** Charges for care you get before your Effective Date or after your coverage ends, except as written in this Plan.

**Certain Providers** Services you get from Providers that are not licensed by law to provide Covered Services as defined in this Booklet. Examples include, but are not limited to, masseurs or masseuses (massage therapists), physical therapist technicians, and athletic trainers.

**Charges Over the Maximum Allowed Amount** Charges over the Maximum Allowed Amount for Covered Services.

**Charges Not Supported by Medical Records** Charges for services not described in your medical records.

**Clinically-Equivalent Alternatives** Certain Prescription Drugs may not be covered if you could use a clinically equivalent Drug, unless required by law. "Clinically equivalent" means Drugs that for most Members, will give you similar results for a disease or condition. If you have questions about whether a certain Drug is covered and which Drugs fall into this group, please call the number on the back of your Identification Card, or visit our website at [www.anthem.com](http://www.anthem.com).

If you or your Doctor believes you need to use a different Prescription Drug, please have your Doctor or pharmacist get in touch with us. We will cover the other Prescription Drug only if we agree that it is Medically Necessary and appropriate over the clinically equivalent Drug. We will review benefits for the Prescription Drug from time to time to make sure the Drug is still Medically Necessary.

**Complications of Services Related to Non-Covered Services** Services, supplies, or treatment related to or, for problems directly related to a service that is not covered by this Plan. Directly related means that the care took place as a direct result of the non-Covered Service and would not have taken place without the non-Covered Service.

The following Contraceptives exclusion only pertains to groups that qualify to opt out:

**Contraceptives** Contraceptive devices including diaphragms, intra uterine devices (IUDs), and implants.

**Cosmetic Services** Treatments, services, Prescription Drugs, equipment, or supplies given for cosmetic services. Cosmetic services are meant to preserve, change, or improve how you look or are given for social reasons. No benefits are available for surgery or treatments to change the texture or look of your skin or to change the size, shape or look of facial or body features (such as your nose, eyes, ears, cheeks, chin, chest or breasts).

This Exclusion does not apply to:

- Surgery or procedures to correct deformity caused by disease, trauma, or previous therapeutic process.
- Surgery or procedures to correct congenital abnormalities that cause Functional Impairment.
- Surgery or procedures on newborn children to correct congenital abnormalities.

**Court Ordered Testing** Court ordered testing or care unless Medically Necessary.

**Custodial Care** Custodial Care, convalescent care or rest cures. This Exclusion does not apply to Hospice services.

**Delivery Charges** Charges for delivery of Prescription Drugs.

**Dental Treatment** Dental treatment, except as listed below.

Excluded treatment includes but is not limited to preventive care and fluoride treatments; dental X rays, supplies, appliances and all associated costs; and diagnosis and treatment for the teeth, jaw or gums such as:

- Removing, restoring, or replacing teeth;
- Medical care or surgery for dental problems (unless listed as a Covered Service in this Booklet);
- Services to help dental clinical outcomes.

Dental treatment for injuries that are a result of biting or chewing is also excluded.

This Exclusion does not apply to services that we must cover by law.

**Drugs Contrary to Approved Medical and Professional Standards** Drugs given to you or prescribed in a way that is against approved medical and professional standards of practice.

**Drugs Over Quantity or Age Limits** Drugs which are over any quantity or age limits set by the Plan or us.

**Drugs Over the Quantity Prescribed or Refills After One Year** Drugs in amounts over the quantity prescribed, or for any refill given more than one year after the date of the original Prescription Order.

**Drugs Prescribed by Providers Lacking Qualifications/Registrations/Certifications** Prescription Drugs prescribed by a Provider that does not have the necessary qualifications, registrations, and/or certifications, as determined by us.

**Drugs That Do Not Need a Prescription** Drugs that do not need a prescription by federal law (including Drugs that need a prescription by state law, but not by federal law), except for injectable insulin.

**Educational Services** Services or supplies for teaching, vocational, or self-training purposes, except as listed in this Booklet.

**Emergency Room Services for non-Emergency Care** Services provided in an emergency room for conditions that do not meet the definition of Emergency. This includes, but is not limited to, suture removal in an emergency room. For non-emergency care please use the closest network Urgent Care Center or your Primary Care Physician.

**Experimental or Investigational Services** Services or supplies that we find are Experimental / Investigational. This also applies to services related to Experimental / Investigational services, whether you get them before, during, or after you get the Experimental / Investigational service or supply.

The fact that a service or supply is the only available treatment will not make it Covered Service if we conclude it is Experimental / Investigational.

Please see the "Clinical Trials" section of "What's Covered" of your post enrollment Evidence of Coverage or Member Booklet for details about coverage for services given to you as a participant in an approved clinical trial if the services are Covered Services under this Plan. Please also read the "Experimental or Investigational" definition in the "Definitions" section at the end of this Booklet for the criteria used in deciding whether a service is Experimental or Investigational.

**Eyeglasses and Contact Lenses** Eyeglasses and contact lenses to correct your eyesight unless listed as covered in this Booklet. This Exclusion does not apply to lenses needed after a covered eye surgery or accidental injury.

**Eye Exercises** Orthoptics and vision therapy.

**Eye Surgery** Eye surgery to fix errors of refraction, such as near-sightedness. This includes, but is not limited to, LASIK, radial keratotomy or keratomileusis, and excimer laser refractive keratectomy.

**Family Members** Services prescribed, ordered, referred by or given by a member of your immediate family, including your spouse, child, brother, sister, parent, in-law, or self.

**Foot Care** Routine foot care unless Medically Necessary. This Exclusion applies to cutting or removing corns and calluses; trimming nails; cleaning and preventive foot care, including but not limited to:

- Cleaning and soaking the feet.
- Applying skin creams to care for skin tone.
- Other services that are given when there is not an illness, injury or symptom involving the foot.

This Exclusion does not apply to the treatment of corns, calluses, and care of toenails for patients with diabetes or vascular disease.

**Foot Orthotics** Foot orthotics, orthopedic shoes or footwear or support items unless used for a systemic illness affecting the lower limbs, such as severe diabetes.

**Foot Surgery** Surgical treatment of flat feet; subluxation of the foot; weak, strained, unstable feet; tarsalgia; metatarsalgia; hyperkeratoses.

**Free Care** Services you would not have to pay for if you didn't have this Plan. This includes, but is not limited to government programs, services during a jail or prison sentence, services you get from Workers Compensation, and services from free clinics.

If Workers' Compensation benefits are not available to you, this Exclusion does not apply. This Exclusion will apply if you get the benefits in whole or in part. This Exclusion also applies whether or not you claim the benefits or compensation, and whether or not you get payments from any third party.

**Gene Therapy** Gene therapy as well as any Drugs, procedures, health care services related to it that introduce or is related to the introduction of genetic material into a person intended to replace or correct faulty or missing genetic material.

**Health Club Memberships and Fitness Services** Health club memberships, workout equipment, charges from a physical fitness or personal trainer, or any other charges for activities, equipment, or facilities used for physical fitness, even if ordered by a Doctor. This Exclusion also applies to health spas.

#### Home Care

- Services given by registered nurses and other health workers who are not employees of or working under an approved arrangement with a Home Health Care Provider.
- Food, housing, homemaker services and home delivered meals. The exception to this Exclusion is homemaker services as described under "Hospice Care" in the "What's Covered" section.

**Lost or Stolen Drugs** Refills of lost or stolen Drugs.

**Maintenance Therapy** Treatment given when no further gains are clear or likely to occur. Maintenance therapy includes care that helps you keep your current level of function and prevents loss of that function, but does not result in any change for the better.

#### Medical Equipment, Devices, and Supplies

- Replacement or repair of purchased or rental equipment because of misuse, abuse, or loss/theft.
- Surgical supports, corsets, or articles of clothing unless needed to recover from surgery or injury.
- Non-Medically Necessary enhancements to standard equipment and devices.
- Supplies, equipment and appliances that include comfort, luxury, or convenience items or features that exceed what is Medically Necessary in your situation. Reimbursement will be based on the Maximum Allowable Amount for a standard item that is a Covered Service, serves the same purpose, and is Medically Necessary. Any expense that exceeds the Maximum Allowable Amount for the standard item which is a Covered Service is your responsibility.

**Medicare** For which benefits are payable under Medicare Parts A and/or B or would have been payable if you had applied for Parts A and/or B when you became eligible due to age, except as listed in this Booklet or as required by federal law, as described in the section titled "Medicare" in "General Provisions." If you do not enroll in Medicare Part B when you become eligible due to age, we will calculate benefits as if you had enrolled. You should sign up for Medicare Part B as soon as possible to avoid large out of pocket costs.

**Missed or Cancelled Appointments** Charges for missed or cancelled appointments.

**Non-Medically Necessary Services** Services we conclude are not Medically Necessary. This includes services that do not meet our medical policy, clinical coverage, or benefit policy guidelines.

**Nutritional or Dietary Supplements** Nutritional and/or dietary supplements, except as described in this Booklet or that we must

cover by law. This Exclusion includes, but is not limited to, nutritional formulas and dietary supplements that you can buy over the counter and those you can get without a written Prescription or from a licensed pharmacist.

**Off label use** Off label use, unless we must cover it by law or if we approve it.

**Oral Surgery** Extraction of teeth, surgery for impacted teeth and other oral surgeries to treat the teeth or bones and gums directly supporting the teeth, except as listed in this Booklet.

#### Personal Care and Convenience

- Items for personal comfort, convenience, protection, cleanliness such as air conditioners, humidifiers, water purifiers, sports helmets, raised toilet seats, and shower chairs,
- First aid supplies and other items kept in the home for general use (bandages, cotton-tipped applicators, thermometers, petroleum jelly, tape, non-sterile gloves, heating pads),
- Home workout or therapy equipment, including treadmills and home gyms,
- Pools, whirlpools, spas, or hydrotherapy equipment,
- Hypo-allergenic pillows, mattresses, or waterbeds,
- Residential, auto, or place of business structural changes (ramps, lifts, elevator chairs, escalators, elevators, stair glides, emergency alert equipment, handrails).

**Private Duty Nursing** Private Duty Nursing Services, unless listed as covered in this Booklet. Your coverage does not include benefits for private duty nurses in the inpatient setting.

**Prosthetics** Prosthetics for sports or cosmetic purposes. This includes wigs and scalp hair prosthetics. This exclusion does not apply to wigs needed after cancer treatment.

**Residential accommodations** Residential accommodations to treat medical or behavioral health conditions, except when provided in a Hospital, Hospice, Skilled Nursing Facility, or Residential Treatment Center. This Exclusion includes procedures, equipment, services, supplies or charges for the following:

- Domiciliary care provided in a residential institution, treatment center, halfway house, or school because a Member's own home arrangements are not available or are unsuitable, and consisting chiefly of room and board, even if therapy is included.
- Care provided or billed by a hotel, health resort, convalescent home, rest home, nursing home or other extended care facility home for the aged, infirmary, school infirmary, institution providing education in special environments, supervised living or halfway house, or any similar facility or institution.
- Services or care provided or billed by a school, Custodial Care center for the developmentally disabled, or outward bound programs, even if psychotherapy is included.
- Wilderness camps.

**Routine Physicals and Immunizations** Physical exams and immunizations required for travel, enrollment in any insurance program, as a condition of employment, for licensing, sports programs, or for other purposes, which are not required by law under the "Preventive Care" benefit.

**Sexual Dysfunction** Services or supplies for male or female sexual problems.

**Stand-By Charges** Stand-by charges of a Doctor or other Provider.

The following Sterilization exclusion does not apply to groups that qualify to opt out:

**Sterilization** Services to reverse elective sterilization.

**Surrogate Mother Services** Services or supplies for a person not covered under this Plan for a surrogate pregnancy (including, but not limited to, the bearing of a child by another woman for an infertile couple).

**Telemedicine** Non-interactive Telemedicine Services, such as audio-only telephone conversations, electronic mail message, fax transmissions or online questionnaire.

**Temporomandibular Joint Treatment** Fixed or removable appliances which move or reposition the teeth, fillings, or prosthetics (crowns, bridges, dentures).

**Travel Costs** Mileage, lodging, meals, and other Member-related travel costs except as described in this Plan.

**Vein Treatment** Treatment of varicose veins or telangiectatic dermal veins (spider veins) by any method (including sclerotherapy or other surgeries) for cosmetic purposes.

**Vision Services** Vision services not described as Covered Services in this Booklet.

#### **Vision Services**

- Eyeglass lenses, frames, or contact lenses, unless listed as covered in this Booklet.
- Safety glasses and accompanying frames.
- For two pairs of glasses in lieu of bifocals.
- Plano lenses (lenses that have no refractive power).
- Lost or broken lenses or frames, unless the Member has reached their normal interval for service when seeking replacements.
- Vision services not listed as covered in this Booklet.
- Cosmetic lenses or options, such as special lens coatings or non-prescription lenses, unless specifically listed in this Booklet.
- Blended lenses.
- Oversize lenses.
- Sunglasses and accompanying frames.
- For services or supplies combined with any other offer, coupon or in-store advertisement, or for certain brands of frames where the manufacturer does not allow discounts.
- For vision services for pediatric members, no benefits are available for frames or contact lenses not on the Anthem formulary.
- Services and materials not meeting accepted standards of optometric practice or services that are not performed by a licensed provider.

**Waived Cost-Shares Out-of-Network** For any service for which you are responsible under the terms of this Plan to pay a Copayment, Coinsurance or Deductible, and the Copayment, Coinsurance or Deductible is waived by an Out-of-Network Provider.

**Weight Loss Programs** Programs, whether or not under medical supervision, unless listed as covered in this Booklet.

This Exclusion includes, but is not limited to, commercial weight loss programs (Weight Watchers, Jenny Craig, LA Weight Loss) and fasting programs.

**Weight Loss Surgery** Bariatric surgery. This includes but is not limited to Roux-en-Y (RNY), Laparoscopic gastric bypass surgery or other gastric bypass surgery (surgeries to lower stomach capacity and divert partly digested food from the duodenum to the jejunum, the section of the small intestine extending from the duodenum), or Gastroplasty, (surgeries that reduce stomach size), or gastric banding procedures.

## **What's Not Covered Under Your Prescription Drug Retail or Home Delivery (Mail Order) Pharmacy Benefit.**

In addition to the above Exclusions, certain items are not covered under the Prescription Drug Retail or Home Delivery (Mail Order) Pharmacy benefit:

**Administration Charges** Charges for the administration of any Drug except for covered immunizations as approved by us or the PBM.

**Charges Not Supported by Medical Records** Charges for pharmacy services not related to conditions, diagnoses, and/or recommended medications described in your medical records.

**Compound Drugs** Compound Drugs unless all of the ingredients are FDA-approved as designated in the FDA's Orange Book: *Approved Drug Products with Therapeutic Equivalence Evaluations*, require a prescription to dispense, and the compound medication is not essentially the same as an FDA-approved product from a drug manufacturer. Exceptions to non-FDA approved compound ingredients may include multi-source, non-proprietary vehicles and/or pharmaceutical adjuvants.

The following exclusion does not apply to groups that qualify to opt out:

**Contraceptives** Contraceptive Drugs, injectable contraceptive Drugs and patches unless we must cover them by law.

**Contrary to Approved Medical and Professional Standards** Drugs given to you or prescribed in a way that is against approved medical and professional standards of practice.

**Delivery Charges** Charges for delivery of Prescription Drugs.

**Drugs Given at the Provider's Office / Facility** Drugs you take at the time and place where you are given them or where the Prescription Order is issued. This includes samples given by a Doctor. This Exclusion does not apply to Drugs used with a diagnostic service, Drugs given during chemotherapy in the office as described in the "Prescription Drugs Administered by a Medical Provider" section or Drugs covered under the "Medical and Surgical Supplies" benefit – they are Covered Services.

**Drugs Not on the Anthem Prescription Drug List (a formulary)** You can get a copy of the list by calling us or visiting our website at [www.anthem.com](http://www.anthem.com). If you or your Doctor believes you need a certain Prescription Drug not on the list, please refer to "Prescription Drug List" in the "Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy" for details on requesting an exception.

**Drugs Over Quantity or Age Limits** Drugs which are over any quantity or age limits set by the Plan or us.

**Drugs Over the Quantity Prescribed or Refills After One Year** Drugs in amounts over the quantity prescribed, or for any refill given more than one year after the date of the original Prescription Order.

**Drugs Prescribed by Providers Lacking Qualifications/Registrations/Certifications** Prescription Drugs prescribed by a Provider that does not have the necessary qualifications, registrations and/or certifications, as determined by us.

**Drugs That Do Not Need a Prescription** Drugs that do not need a prescription by federal law (including Drugs that need a prescription by state law, but not by federal law), except for injectable insulin.

This Exclusion does not apply to over-the-counter drugs that we must cover under federal law when recommended by the U.S. Preventive Services Task Force and prescribed by a physician.

**Family Members** Services prescribed, ordered, referred by or given by a member of your immediate family, including your spouse, child, brother, sister, parent, in-law, or self.

**Gene Therapy** Gene therapy as well as any Drugs, procedures, health care services related to it that introduce or is related to the introduction of genetic material into a person intended to replace or correct faulty or missing genetic material.

**Items Covered as Durable Medical Equipment (DME)**

Therapeutic DME, devices and supplies except peak flow meters, spacers, and blood glucose monitors. Items not covered under the "Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy" benefit may be covered under the "Durable Medical Equipment and Medical Devices" benefit. Please see that section for details.

**Items Covered Under the "Allergy Services" Benefit** Allergy desensitization products or allergy serum. While not covered under the "Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy" benefit, these items may be covered under the "Allergy Services" benefit. Please see that section of the post enrollment Evidence of Coverage or Member Booklet for details.

**Lost or Stolen Drugs** Refills of lost or stolen Drugs.

**Mail Order Providers other than the PBM's Home Delivery Mail Order Provider** Prescription Drugs dispensed by any Mail Order Provider other than the PBM's Home Delivery Mail Order Provider, unless we must cover them by law.

**Non-approved Drugs** Drugs not approved by the FDA.

**Non-Medically Necessary Services** Services we conclude are not Medically Necessary. This includes services that do not meet our medical policy, clinical coverage, or benefit policy guidelines.

**Nutritional or Dietary Supplements** Nutritional and/or dietary supplements, except as described in this Booklet or that we must cover by law. This Exclusion includes, but is not limited to, *nutritional formulas and dietary supplements that you can buy over the counter* and those you can get without a written Prescription or from a licensed pharmacist.

**Off label use** Off label use, unless we must cover the use by law or if we, or the PBM, approve it of the post enrollment Evidence of Coverage or Member Booklet.

The exception to this Exclusion is described in "Covered Prescription Drugs" in the "Prescription Drug Benefit at a Retail or Home Delivery (Mail Order) Pharmacy" section.

**Onychomycosis Drugs** Drugs for Onychomycosis (toenail fungus) except when we allow it to treat Members who are immune-compromised or diabetic.

**Over-the-Counter Items** Drugs, devices and products permitted to be dispensed without a prescription and available over the counter.

This Exclusion does not apply to over-the-counter products that we must cover as a "Preventive Care" benefit under federal law with a Prescription.

**Sexual Dysfunction Drugs** Drugs to treat sexual or erectile problems.

**Syringes** Hypodermic syringes except when given for use with insulin and other covered self injectable Drugs and medicine.

**Weight Loss Drugs** Any Drug mainly used for weight loss.

These policies have exclusions and limitations to benefits and terms under which the policy may be continued in force or discontinued. For costs and complete details of the coverage, please contact your insurance agent or contact us. The most detailed description of benefits, exclusions and restrictions can be found in the following publications which are issued upon initial enrollment or at renewal for Anthem HealthKeepers and POS AdvantageOne plans: AHK-VA-HMOPOS-FIMC (2/17), AHK-VA-LG-HMOPOS-EOC (1/18), AHK-ABCBS-VA-PAP-FIMC, AHK-ABCBS-VA-LG-PAP-EOC (1/18). For KeyCare plans: KeyCare, Lumenos or POS AdvantageOne plans: ABCBS-VA-PPO-FIMC (2/17), ABCBS-VA-LG-PPO-COC (1/18), AHK-ABCBS-VA-PAP-FIMC, AHK-ABCBS-VA-LG-PAP-EOC (1/18)

If you have questions, please contact your agent, Group Administrator, or member services: Enrollment applications used for these plans: LG\_51-99\_EE\_VA 7/18 and LG\_100+\_EE\_VA 7/18. This is not a contract or policy. This brochure is not a contract with Anthem HealthKeepers offered by HealthKeepers, Inc. or by Anthem Blue Cross and Blue Shield. If there is any difference between this brochure and the Evidence of Coverage, Summaries of Benefits, and related Amendments, the provisions of the Evidence of Coverage, Summaries of Benefits and related Amendments will govern.



# Let's talk about your privacy and rights

Safeguarding your information

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

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

## How we help manage your care

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

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