



# ■ Ready to choose *your benefits?*

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

Blue Plan \$4000 80% HSA, Blue Plan \$4000 100% HSA, Red  
\$1500 PPO Plan  
Effective January 1, 2017



# You're ready to enroll. Let's take a look at your options.

In this guide, you'll find:

- How most health plans work
- Plan comparison information
- Frequently Asked Questions (FAQ)
- Plan details
- Your privacy and rights

View your enrollment resources at

**<http://enrollment.anthem.com/BCPHealthPlans>** where you can:

- Watch an interactive video with helpful tips on selecting a plan.
- View and save a digital version of this guide.
- Find a doctor in your network.
- View your full plan details.



# Choose a health plan that works for you

Visit [anthem.com/basics](https://www.anthem.com/basics) to learn more.

## HSA

This plan comes with a **Health Savings Account (HSA)** you can use to pay your deductible or save for future health care costs. Once you pay your deductible, you'll pay a percentage of the total cost, and your plan will cover the rest.

HSA contributions are tax-free. If you don't use all the money in your HSA, your money will roll over to the next year. And you can take the money in your HSA with you if you leave your employer or change health plans.

## PPO

This plan covers services from almost any doctor or hospital, but you get a discount if you use a doctor from the **Preferred Provider Organization (PPO)** plan. You pay more if you go to a doctor who's not in the PPO plan. You don't usually need a referral from your main doctor, also called a primary care doctor, to see a specialist.

Some PPO plans may have different rules. So be sure to check your plan details.

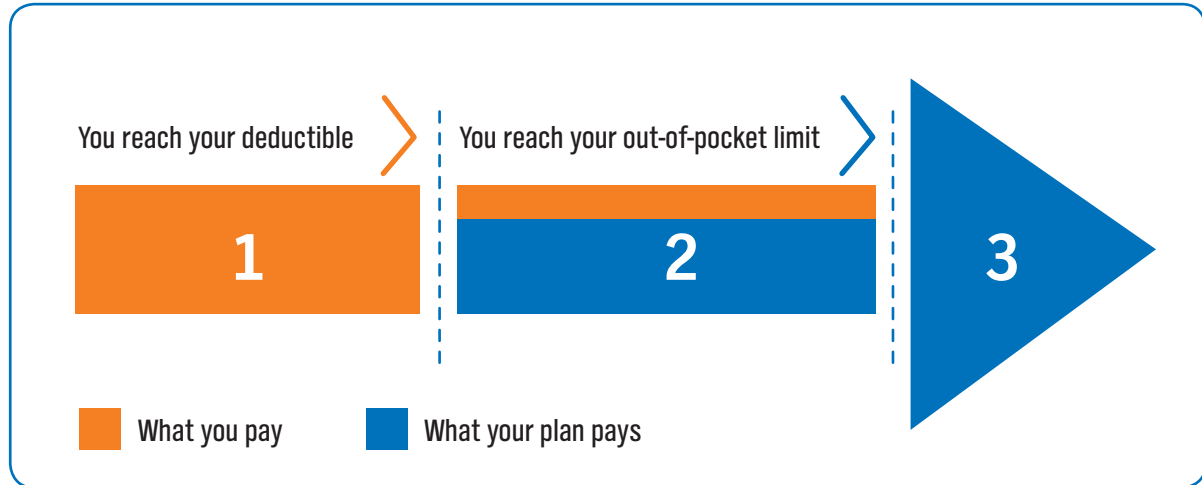


The doctors, hospitals and other health care providers in your plan have agreed to charge lower rates for our members.



# Getting started with health insurance

When you visit your doctor, it's important to understand how your health plan works.



- 1. You pay your deductible.** This is a set amount that you pay before we share the cost for covered health care. If your plan has **copays** (flat fees like \$30 for each visit) along with a deductible, you only need to pay the copay for most doctor visits. If you choose a plan with a Health Savings Account, you can use the money in your account to pay towards your deductible.
- 2. After you meet your deductible, you'll only pay part of the cost.** You pay a copay or a percentage of the cost, also called coinsurance, each time you get care. Your plan covers the rest.
- 3. You're protected by your plan's out-of-pocket limit.** That's the most you pay for covered health services each year. With some plans, you still have copays even after you reach your out-of-pocket limit.
  - What about the money for your health plan that gets deducted from your paycheck? That's the payment for your plan. Think of it like a membership fee. It's separate from what you pay when you get care.
  - Remember, this chart is only an example. Your actual costs will depend on the type of plan you choose, the service you get and the doctor you choose. To see your actual costs, please refer to your plan information.



Most members choose to stay with doctors in their plan, so that's what we're showing here. Visit the link below if you want to see costs for doctors outside of the plan.

## Your costs if you need care

You'll get the most out of your benefits when you understand how your plan pays for your care.<sup>1</sup>

	Blue Plan 80% HSA	Blue 100% HSA	Red PPO \$1500 Plan PPO
Deductible Single	\$4,000	\$4,000	\$1,500
Deductible Family	\$8,000	\$8,000	\$4,500
Office visits Doctor/specialist	20% After Deductible	0% After Deductible	\$30/\$60
Out-of-pocket limit Single	\$6,350	\$5,000	\$4,500
Out-of-pocket limit Family	\$12,700	\$10,000	\$9,000
Pharmacy	After Deductible is Met: \$20/\$60/\$80/25% \$150 Max Copay Preventive Rx 20% No Deductible	After Deductible is Met: \$20/\$60/\$80/25% \$150 Max Copay Preventive Rx 0% No Deductible	\$20/\$60/\$80/25% \$150 Max Copay
Helpful information	<ul style="list-style-type: none"> <li>Access to 96% of hospitals and 92% of doctors nationwide.</li> <li>Site of Service helps you save money on lab services and surgery</li> </ul>	<ul style="list-style-type: none"> <li>Access to 96% of hospitals and 92% of doctors nationwide.</li> <li>Site of Service helps you save money on lab services and surgery</li> </ul>	<ul style="list-style-type: none"> <li>Access to 96% of hospitals and 92% of doctors nationwide.</li> <li>Site of Service helps you save money on lab services and surgery</li> </ul>
View full plan details	View full plan details at <a href="http://enrollment.anthem.com/BCPHealthPlans">http://enrollment.anthem.com/BCPHealthPlans</a> .		

<sup>1</sup> This information is a general description of your benefits; it is not a contract and does not replace your Summary of Benefits. For a full disclosure of all benefits, exclusions and limitations, refer to your Summary of Benefits.

<sup>2</sup> Blue Cross and Blue Shield Association: [bcbs.com/about-the-association](http://bcbs.com/about-the-association).



You can register at [anthem.com](https://www.anthem.com) or on the **Anthem Anywhere** mobile app — your simple and convenient solution to managing your health.

## Frequently asked questions (FAQ)

### Can I keep my current doctor?

Yes, you can. But keep in mind that you get the most out of your benefits if you choose a doctor in your plan. Some plans cover only services from doctors in your plan, which means you pay for the full cost if you see a doctor outside of the plan. Other plans cover services from doctors outside the plan — but your plan pays more of the cost when you see a doctor in your plan. Be sure to check the details of your plan.

To find out if your doctor is in the plan, or to find a new doctor in the plan, go to our *Find a Doctor* tool on [anthem.com](https://www.anthem.com). You can search by specialty and check a doctor's training, certifications and member reviews. Be ready to enter your plan name to view the doctors that serve your plan. You can also use *Find a Doctor* on your smartphone.

### What prescription drugs are covered?

View the drugs we cover at [www.anthem.com/abs/essentialdruglist](https://www.anthem.com/abs/essentialdruglist).

And here's a tip: you'll often pay less for generic versions of higher-cost name brand drugs.

If you are sick or have a condition, you may need “specialty” drugs. Your benefits includes these types of drugs and the support you may need when you take them.

### How do I enroll?

Your employer has chosen an alternative enrollment process rather than using our standard enrollment form. Your Benefits Administrator or Human Resources Representative will be able to provide you with plan enrollment instructions.

### How do I use my health plan when I need care?

After you enroll, your member ID card will come in the mail. Be sure to bring it with you to the doctor. You can also show a copy of your ID card from the Anthem mobile app.

### Is preventive care covered?

Yes, preventive care from a doctor in the plan is covered at 100%. It's very important to take care of your health with regular checkups even when you feel fine. So talk to your

doctor about screenings and immunizations that you may need to protect your health.

### Can I manage my plan and health care on [anthem.com](https://www.anthem.com)?

Yes. As soon as you become a member, you'll be able to register at [anthem.com](https://www.anthem.com) or on the Anthem mobile app. It's designed to help you manage your health care and your benefits simply and conveniently. Many of our members find these self-service tools helpful:

- Check on your claims.
- Find a doctor.
- Check the price of a drug and refill a prescription.
- Track your health care spending.
- Compare quality and costs at hospitals and other facilities.
- Select to receive communications by email.
- Take your Health Assessment to learn about your health risks so you can address them.
- View your health account balance and claims

Visit [anthem.com/guidedtourtour](https://www.anthem.com/guidedtourtour) to watch a video explaining how our website can help you.

### Can I use my plan when I am traveling?

When you travel, you have access to care anywhere in the country. Plus, if you are going out of the country, you have access to care abroad through the BlueCard Worldwide® program.

### Do I have health and wellness benefits with my plan?

Yes. In fact, we have a set of tools and resources that can help you reach your health goals. They can also save you money on products and services for your health.

Check out these health and wellness programs your employer is providing in addition to your health benefits:

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



## Frequently asked questions (FAQ)

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

**ConditionCare** — Get the added support you may need if you have asthma, diabetes, heart disease, chronic obstructive pulmonary disease or heart failure. A nurse coach can answer questions about your health and help you reach your health goals based on your doctor's care plan. You can work with dietitians, health educators, pharmacists and social workers to reach those goals and feel your best.

**Case Management** — If you are hospitalized or have a serious health condition that needs extra care, a nurse care manager will help answer your questions, work to coordinate your care, and help you effectively use your health benefits.

**MyHealth Advantage** — Avoid health problems, stay healthy and save money. This program tracks your health information to see if there's anything you can do to improve your health. If so, you'll get a personalized and confidential MyHealth Note in the mail. Download the Anthem Anywhere app to opt to receive your personalized, secure health messages on-the-go via the Mobile Inbox.

### How can Anthem help me save money?

You'll save money every time you go to a doctor in your plan — they've agreed to charge lower rates for Anthem members. But we'll also help save you money before you go to the doctor.

At **anthem.com**, you can compare how much a medical procedure will cost at different locations. Plus, all members get discounts on health-related products. You can even print your own coupons for healthier groceries. Check out these cost saving programs your employer is also offering.

**Health Savings Account (HSA)** - An HSA allows you to set aside money from your income, before taxes, to use on qualified health care expenses. During Open Enrollment, you decide how much you would like your employer to deduct from your paychecks to put in your HSA. You'll get a debit card in the mail to help pay for your doctors visits or prescriptions with the money you have in your HSA.

The money isn't taxed - so you get to keep more of your income. You can add up to \$3,400 for individuals and \$6,750 for families.

**Home Delivery Pharmacy** — You can save money and time by having your prescriptions delivered to your home.

**Site of Service** — If your plan includes Site of Service, you can get quality care for less money when you choose a freestanding, independent X-ray provider, ambulatory surgery center or lab from our network.

**Anthem Imaging Shopper** - If your doctor prescribes a CT or MRI for you, we may work with you and your doctor to help identify a lower cost facility in your area. And we can even help with scheduling your appointment.

**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 to use it at **livehealthonline.com** or download the app.

**Enhanced Personal Health Care** — We're helping doctors focus on the quality of care they give. They'll know your history, your specialists and your medications, and they'll coordinate your treatment with other doctors and health care providers. And, they'll get you the care you need when you need it, even after hours. That way, they can take more time to listen to you so you don't feel as rushed.

# Your plan details

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

# Your Summary of Benefits



## BCP Health Plans - Blue Lumenos Health Savings Accounts with Essential Rx Formulary Effective 01/01/2017

Covered Benefits	Network	Non-Network
<b>Deductible</b> Embedded The single deductible applies to the Family deductible. Once the single deductible has been satisfied, benefits for that member are payable subject to coinsurance. Once the family deductible has been satisfied, benefits for the family are payable subject to coinsurance.	Single: \$4,000 Family: \$8,000	Single: \$8,000 Family: \$16,000
<b>Out-of-Pocket Limit</b>	Single: \$6,350 Family: \$12,700	Single: \$12,700 Family: \$24,500
<b>Physician Home and Office Services</b> <ul style="list-style-type: none"> <li>Including Office Surgeries, allergy serum, allergy injections and allergy testing</li> </ul>	20%	40%
<b>Preventive Care Services</b> Services include but are not limited to: Routine Exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening.	No cost share	40%
<b>Emergency and Urgent Care</b> <ul style="list-style-type: none"> <li><b>Emergency Room Services @ Hospital (facility/other covered services)</b> (copayment waived if admitted)</li> <li><b>Urgent Care Center Services</b></li> </ul>	20%	20%
<b>Inpatient and Outpatient Professional Services</b> Include but are not limited to: <ul style="list-style-type: none"> <li>Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams</li> </ul>	20%	40%
<b>Inpatient Facility Services</b> (Network/Non-Network combined) Unlimited days except for: <ul style="list-style-type: none"> <li>60 days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis)</li> <li>100 days for skilled nursing facility</li> </ul>	20%	40%
<b>Outpatient Surgery Hospital/Alternative Care Facility</b> <ul style="list-style-type: none"> <li>Surgery and administration of general anesthesia</li> </ul>	20%	40%
Blue 9		

# Your Summary of Benefits

Covered Benefits	Network	Non-Network
<b>Other Outpatient Services</b> including but not limited to: <ul style="list-style-type: none"> <li>Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services.</li> <li>Home Care Services 100 visits (excludes IV Therapy) (Network/Non-Network combined)</li> <li>Durable Medical Equipment</li> <li>Physical Medicine Therapy Day Rehabilitation programs</li> <li>Hospice Care</li> <li>Ambulance Services</li> </ul>	20%      20% 20%	40%        20% 20%
Accidental Dental Services \$3,000 per accident (Network and Non-network combined)	20%	40%
<b>Outpatient Therapy Services</b> (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> <li>Physician Home and Office Visits</li> <li>Other Outpatient Services @ Hospital/Alternative Care Facility</li> </ul> Limits apply to: <ul style="list-style-type: none"> <li>Cardiac Rehabilitation 36 visits</li> <li>Pulmonary Rehabilitation 20 visits</li> <li>Physical Therapy: 20 visits</li> <li>Occupational Therapy: 20 visits</li> <li>Manipulation Therapy: 12 visits</li> <li>Speech therapy: 20 visits</li> </ul>	20% 20%	40% 40%
<b>Behavioral Health Services:</b> <b>Mental Illness and Substance Abuse<sup>1</sup></b> <ul style="list-style-type: none"> <li>Physician Home and Office Visits</li> <li>Other Outpatient Services @ Hospital/Alternative Care Facility</li> </ul>	Benefits provided in accordance with Federal Mental Health Parity	40%
<b>Human Organ and Tissue Transplants</b> <ul style="list-style-type: none"> <li>Acquisition and transplant procedures, harvest and storage.</li> </ul>	20%	40%

# Your Summary of Benefits

Covered Benefits	Network	Non-Network
<p><b>Prescription Drugs</b> Essential Formulary*  <b>Network Tier structure equals 1/2/3</b>                      (and 4, if applicable)</p> <ul style="list-style-type: none"> <li> <b>Network Retail Pharmacies:</b>                              (30-day supply)                              Includes diabetic test strip                         </li> <li> <b>Home Delivery Service:</b>                              (90-day supply)                              Includes diabetic test strip                         </li> <li> <b>Preventive Rx</b> </li> </ul> <p>Specialty medications are limited up to a 30 day supply regardless of whether they are retail or mail service                      Member may be responsible for additional cost when not selecting the available generic drug</p> <p><b>Medicare Rx - Wrap</b></p>	<p>\$20/\$60/\$80/25% w \$150 max</p> <p>\$20/\$80/\$180/25% w \$150 max</p> <p>20%, does not apply to deductible</p>	<p>50%, min \$80<sup>2</sup></p> <p>Not covered</p> <p>40%, does not apply to deductible</p>

**Notes:**

- All medical and drug cost shares, deductibles and percentage (%) coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).
- Deductible(s) apply to covered services listed with a percentage (%) coinsurance, including 0%.
- Deductible applies to all prescription drug expenses for Rx plans. Once the deductible is met the appropriate copayment/ coinsurance applies. Copayments/coinsurance accumulate to the Medical OOP max. Once the Medical OOP max is met, no additional costshare applies.
- Network and Non-network **Deductible**, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent Age: to end of the month which the child attains age 26
- 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- No Cost Share (NCS): No deductible/copayment/coinsurance up to the maximum allowable amount.
- Live Health Online (LHO) is covered at the PCP costshare.
- Benefit period = calendar year
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.
- Private Duty Nursing – limited to 82 visits/Calendar Year
- Wigs limited to 1 per benefit period
- Vision limited services – additional vision services are covered when specifically coded as determination of refraction, routine ophthalmological examination including refraction for new and established patients, and a visual functional screening for visual acuity. No additional ophthalmological services are covered as part of the medical coverage.

1 We encourage you to review the Schedule of Benefits for limitations.

2 Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

\*The Rx option includes the Essential formulary which is a closed drug list with a focus on therapeutic efficacy and cost effectiveness.

**Precertification:**

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.

**Pre-existing Exclusion Period: none**

# Your Summary of Benefits

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

**This benefit overview is for illustrative purposes and some content may be pending Ohio Department of Insurance approval.**

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

# Your Summary of Benefits



## BCP Health Plans - Blue Lumenos Health Savings Accounts with Essential Rx Formulary Effective 01/01/2017

Covered Benefits	Network	Non-Network
<b>Deductible</b> Embedded The single deductible applies to the Family deductible. Once the single deductible has been satisfied, benefits for that member are payable subject to coinsurance. Once the family deductible has been satisfied, benefits for the family are payable subject to coinsurance.	Single: \$4,000 Family: \$8,000	Single: \$8,000 Family: \$16,000
<b>Out-of-Pocket Limit</b>	Single: \$5,000 Family: \$10,000	Single: \$10,000 Family: \$20,000
<b>Physician Home and Office Services</b> <ul style="list-style-type: none"> <li>Including Office Surgeries, allergy serum, allergy injections and allergy testing</li> </ul>	0%	30%
<b>Preventive Care Services</b> Services include but are not limited to: Routine Exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening.	No cost share	30%
<b>Emergency and Urgent Care</b> <ul style="list-style-type: none"> <li><b>Emergency Room Services @ Hospital (facility/other covered services)</b> (copayment waived if admitted)</li> <li><b>Urgent Care Center Services</b></li> </ul>	0%	0%
<b>Inpatient and Outpatient Professional Services</b> Include but are not limited to: <ul style="list-style-type: none"> <li>Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams</li> </ul>	0%	30%
<b>Inpatient Facility Services</b> (Network/Non-Network combined) Unlimited days except for: <ul style="list-style-type: none"> <li>60 days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis)</li> <li>100 days for skilled nursing facility</li> </ul>	0%	30%
<b>Outpatient Surgery Hospital/Alternative Care Facility</b> <ul style="list-style-type: none"> <li>Surgery and administration of general anesthesia</li> </ul>	0%	30%
Blue 8.6		

# Your Summary of Benefits

Covered Benefits	Network	Non-Network
<b>Other Outpatient Services</b> including but not limited to: <ul style="list-style-type: none"> <li>Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services.</li> <li>Home Care Services 100 visits (excludes IV Therapy) (Network/Non-Network combined)</li> <li>Durable Medical Equipment, Orthotics and Prosthetics</li> <li>Physical Medicine Therapy Day Rehabilitation programs</li> <li>Hospice Care</li> <li>Ambulance Services</li> </ul>	0%      0% 0%	30%         0% 0%
Accidental Dental Services \$3,000 per accident (Network and Non-network combined)	0%	30%
<b>Outpatient Therapy Services</b> (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> <li>Physician Home and Office Visits</li> <li>Other Outpatient Services @ Hospital/Alternative Care Facility</li> </ul> Limits apply to: <ul style="list-style-type: none"> <li>Cardiac Rehabilitation 36 visits</li> <li>Pulmonary Rehabilitation 20 visits</li> <li>Physical Therapy: 20 visits</li> <li>Occupational Therapy: 20 visits</li> <li>Manipulation Therapy: 12 visits</li> <li>Speech therapy: 20 visits</li> </ul>	0% 0%	30% 30%
<b>Behavioral Health Services:</b> <b>Mental Illness and Substance Abuse<sup>1</sup></b> <ul style="list-style-type: none"> <li>Physician Home and Office Visits</li> <li>Other Outpatient Services @ Hospital/Alternative Care Facility</li> </ul>	Benefits provided in accordance with Federal Mental Health Parity	30%
<b>Human Organ and Tissue Transplants</b> <ul style="list-style-type: none"> <li>Acquisition and transplant procedures, harvest and storage.</li> </ul>	0%	30%

# Your Summary of Benefits

Covered Benefits	Network	Non-Network
<b>Prescription Drugs Essential Formulary*</b> <b>Network Tier structure equals 1/2/3</b> (and 4, if applicable)		
<ul style="list-style-type: none"> <li>○ <b>Network Retail Pharmacies:</b>                              (30-day supply)                              Includes diabetic test strip</li> <li>○ <b>Home Delivery Service:</b>                              (90-day supply)                              Includes diabetic test strip</li> <li>○ <b>Preventive Rx</b></li> </ul> Specialty medications are limited up to a 30 day supply regardless of whether they are retail or mail service Member may be responsible for additional cost when not selecting the available generic drug.	\$20/\$60/\$80/25% w \$150 max  \$20/\$80/\$180/25% w \$150 max  0%, does not apply to deductible	50%, min \$80 <sup>2</sup>  Not covered  30%, does not apply to deductible
<b>Medicare Rx - Wrap</b>		

**Notes:**

- All medical and drug cost shares, deductibles and percentage (%) coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).
- Deductible(s) apply to covered services listed with a percentage (%) coinsurance, including 0%.
- Deductible applies to all prescription drug expenses for Rx plans. Once the deductible is met the appropriate copayment/ coinsurance applies. Copayments/coinsurance accumulate to the Medical OOP max. Once the Medical OOP max is met, no additional costshare applies.
- Network and Non-network **Deductible**, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent Age: to end of the month which the child attains age 26
- 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- Live Health Online (LHO) is covered at the PCP costshare.
- Benefit period = calendar year
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.
- No Cost Share (NCS): No deductible/copayment/coinsurance up to the maximum allowable amount.
- Private Duty Nursing – limited to 82 visits/Calendar Year
- Wigs limited to 1 per benefit period
- Vision limited services – additional vision services are covered when specifically coded as determination of refraction, routine ophthalmological examination including refraction for new and established patients, and a visual functional screening for visual acuity. No additional ophthalmological services are covered as part of the medical coverage.

<sup>1</sup> We encourage you to review the Schedule of Benefits for limitations.

<sup>2</sup> Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

\*\*4th Tier per script 30 day supply.

**\*The Rx option includes the Essential formulary which is a closed drug list with a focus on therapeutic efficacy and cost effectiveness.**

**Precertification:**

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.

**Pre-existing Exclusion Period: none**

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

# Your Summary of Benefits

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

# Your Summary of Benefits



## BCP Health Plans - Red Blue Access® (PPO) with Essential Rx Formulary Effective 01/01/2017

Covered Benefits	Network	Non-Network
<b>Deductible (Single/Family)</b>	\$1,500/\$4,500	\$3,000/\$9,000
<b>Out-of-Pocket Limit (Single/Family)</b>	\$4,500/\$9,000	\$9,000/\$18,000
<b>Physician Home and Office Services (PCP/SCP)</b> Primary Care Physician (PCP)/ Specialty Care Physician (SCP) Including Office Surgeries and allergy serum: <ul style="list-style-type: none"> <li>allergy injections (PCP and SCP)</li> <li>allergy testing</li> <li>MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds and pharmaceutical products</li> </ul>	\$30/\$60   \$5 20% 20%	40%   40% 40% 40%
<b>Preventive Care Services</b> <ul style="list-style-type: none"> <li>Services included but not limited to: Routine medical exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening.</li> </ul>	No cost share.	40%
<b>Emergency and Urgent Care</b> <b>Emergency Room Services</b> <ul style="list-style-type: none"> <li>facility/other covered services (copayment waived if admitted)</li> </ul> <b>Urgent Care Center Services</b> <ul style="list-style-type: none"> <li>MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, Non-maternity related Ultrasounds and pharmaceutical products</li> <li>Allergy injections</li> <li>Allergy testing</li> </ul>	\$300  \$75 20%  \$5 20%	\$300  40% 40%  40% 40%
<b>Inpatient and Outpatient Professional Services</b> Include but are not limited to: <ul style="list-style-type: none"> <li>Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams</li> </ul>	20%	40%
Blue 8.0 600 Series		

# Your Summary of Benefits

Covered Benefits	Network	Non-Network
<b>Inpatient Facility Services</b> (Network/Non-Network combined) Unlimited days except for: <ul style="list-style-type: none"> <li>60 days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis)</li> <li>90 days for skilled nursing facility</li> </ul>	20%	40%
<b>Outpatient Surgery Hospital/Alternative Care Facility</b> <ul style="list-style-type: none"> <li>Surgery and administration of general anesthesia</li> </ul>	20%	40%
<b>Other Outpatient Services</b> including but not limited to: <ul style="list-style-type: none"> <li>Non Surgical Outpatient Services for example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services.</li> <li>Home Care Services 100 visits (excludes IV Therapy) (Network/Non-Network combined)</li> <li>Durable Medical Equipment, Orthotics and Prosthetics</li> <li>Physical Medicine Therapy Day Rehabilitation programs</li> <li>Hospice Care</li> <li>Ambulance Services</li> </ul>	20%	40%
<b>Outpatient Therapy Services</b> (Combined Network & Non-Network limits) <ul style="list-style-type: none"> <li>Physician Home and Office Visits (PCP/SCP)</li> <li>Other Outpatient Services @ Hospital/Alternative Care Facility</li> </ul> Limits apply to: <ul style="list-style-type: none"> <li>Cardiac Rehabilitation 36 visits</li> <li>Pulmonary Rehabilitation 20 visits</li> <li>Physical Therapy: 20 visits</li> <li>Occupational Therapy: 20 visits</li> <li>Manipulation Therapy: 12 visits</li> <li>Speech therapy: 20 visits</li> </ul>	No cost share 20%	No cost share 20%
<b>Accidental Dental:</b> \$3,000 per accident (Network and Non-network combined)	Copayments/Coinsurance based on setting where covered services are received	40%
<b>Behavioral Health:</b> <b>Mental Illness and Substance Abuse<sup>2</sup></b> <ul style="list-style-type: none"> <li>Inpatient Facility Services</li> <li>Physician Home and Office Visits (PCP/SCP)</li> <li>Other Outpatient Services. Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional</li> </ul>	Benefits provided in accordance with Federal Mental Health Parity	40%
<b>Human Organ and Tissue Transplants<sup>3</sup></b> <ul style="list-style-type: none"> <li>Acquisition and transplant procedures, harvest and storage.</li> </ul>	No cost share	50%

# Your Summary of Benefits

Covered Benefits	Network	Non-Network
<b>Prescription Drugs Essential Formulary*</b> <b>Network Tier structure equals 1/2/3 (and 4, if applicable)</b> <ul style="list-style-type: none"> <li>○ <b>Network Retail Pharmacies:</b> (30-day supply) Includes diabetic test strip</li> <li>○ <b>Home Delivery Service:</b> (90-day supply) Includes diabetic test strip</li> </ul> <p>Member may be responsible for additional cost when not selecting the available generic drug.</p> <p>Medicare Rx - Wrap</p> <p><b>Specialty Medications</b> are limited up to a 30 day supply regardless of whether they are retail or mail service.</p>	<p>\$20/\$60/\$80/25% w \$150 max</p> <p>\$20/\$80/\$180/25% w \$150 max</p>	<p>50%, min \$80<sup>5</sup></p> <p>Not covered</p>

## Notes:

- All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services)
- Deductible(s) apply to covered medical services listed with a percentage (%) coinsurance, including 0%. However, the deductible does not apply to Emergency Room Services where a copayment & (%) coinsurance applies and may not apply to some Behavioral Health services where coinsurance applies
- Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent Age: to end of the month which the child attains age 26
- Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYNs and Geriatrics or any other Network Provider as allowed by the plan.
- When allergy injections are rendered with a Physicians Home and Office Visit, only the Office Visit cost share applies. When the Office Visit cost share is a % coinsurance, deductible and coinsurance apply to allergy injections
- No cost share (NCS) means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.
- Live Health Online (LHO) is covered at the PCP costshare.
- Certain diabetic and asthmatic supplies, except diabetic test strips, have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies.
- Benefit period = calendar year
- Mammograms (Diagnostic) are no copayment/coinsurance in Network office and outpatient facility settings.
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.
- Private Duty Nursing – limited to 82 visits/Calendar Year
- Vision limited services – additional vision services are covered when specifically coded as determination of refraction, routine ophthalmological examination including refraction for new and established patients, and a visual functional screening for visual acuity. No additional ophthalmological services are covered as part of the medical coverage.

<sup>2</sup> We encourage you to review the Schedule of Benefits for limitations.

<sup>3</sup> Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.

<sup>5</sup> Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

Rx Option BI&Basic is network Preventive Rx Basic Coverage

**\*The Rx option includes the Essential formulary which is a closed drug list with a focus on therapeutic efficacy and cost effectiveness.**

# Your Summary of Benefits

**Precertification:**

Members are encouraged to always obtain prior approval when using non-network providers. Precertification will help the member know if the services are considered not medically necessary.

**Pre-existing Exclusion Period: none**

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

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



# Getting started with home delivery pharmacy

If you take prescribed medicine on a regular basis, you can get up to a 90-day supply mailed right to your door.\*

Here's how to start:

## Step one

### Create your account and print your order form

There are two ways to do this:

- Log on to your health plan's website.
  - Register at your health plan website if you haven't done so.
  - Click **Prescription Benefits** in the *Useful Tools* box.
  - Click **Start a New Prescription**.

This takes you to the Express Scripts^ website. You can find out how to:

- Print an order form to mail in with your prescription.
- Print a fax form to take to your doctor to fax in your prescription.
- See how much your medicine will cost.

## Step two

### See your doctor for a prescription for a 90-day supply of your medicine

You'll need a 90-day supply prescription for your first home delivery pharmacy order. But you should also ask your doctor to write you another prescription for a 30-day supply. This is so you

can get the 30-day supply filled at your local pharmacy while your first order is being processed.

- Your doctor can give you a prescription to mail in with your order form.
- Or, the doctor can fill out the physician fax form and fax it to the phone number on the form.

If your doctor prescribes a brand-name drug, your plan design may require the home delivery pharmacy to substitute the generic version instead.

## Step three

### Paying for your prescription

You can pay by e-check, check, money order or credit card. You can enroll in e-check payments, have credit cards on file through the website or call the number on your member ID card.

## Step four

### Send us your prescription

You can send us your prescription in two ways:

- **Mail:** Fill out the order form and mail it with the prescription and payment (if you're using a check/money order) to the address listed on the form. Please fill out payment information on the form if you're not using a check/money order.
- **Fax:** Your doctor can complete the physician fax form and fax it to the phone number on the form.

All prescriptions and refills, including those sent in by your doctor, are processed as soon as they are received. Please don't send in your prescription unless you are ready to have it filled.

### Important to know

In most cases, your medicine will be sent to your home within two weeks from the time the home delivery pharmacy gets your order. If you need your medicine sooner, call the number on your ID card to ask for your order to be sent overnight. Please allow three to five days for processing plus the shipping time. You will be charged an additional fee. Your order will be sent through the post office, UPS or FedEx. Please note, with some medicines, you may have to sign to accept delivery.

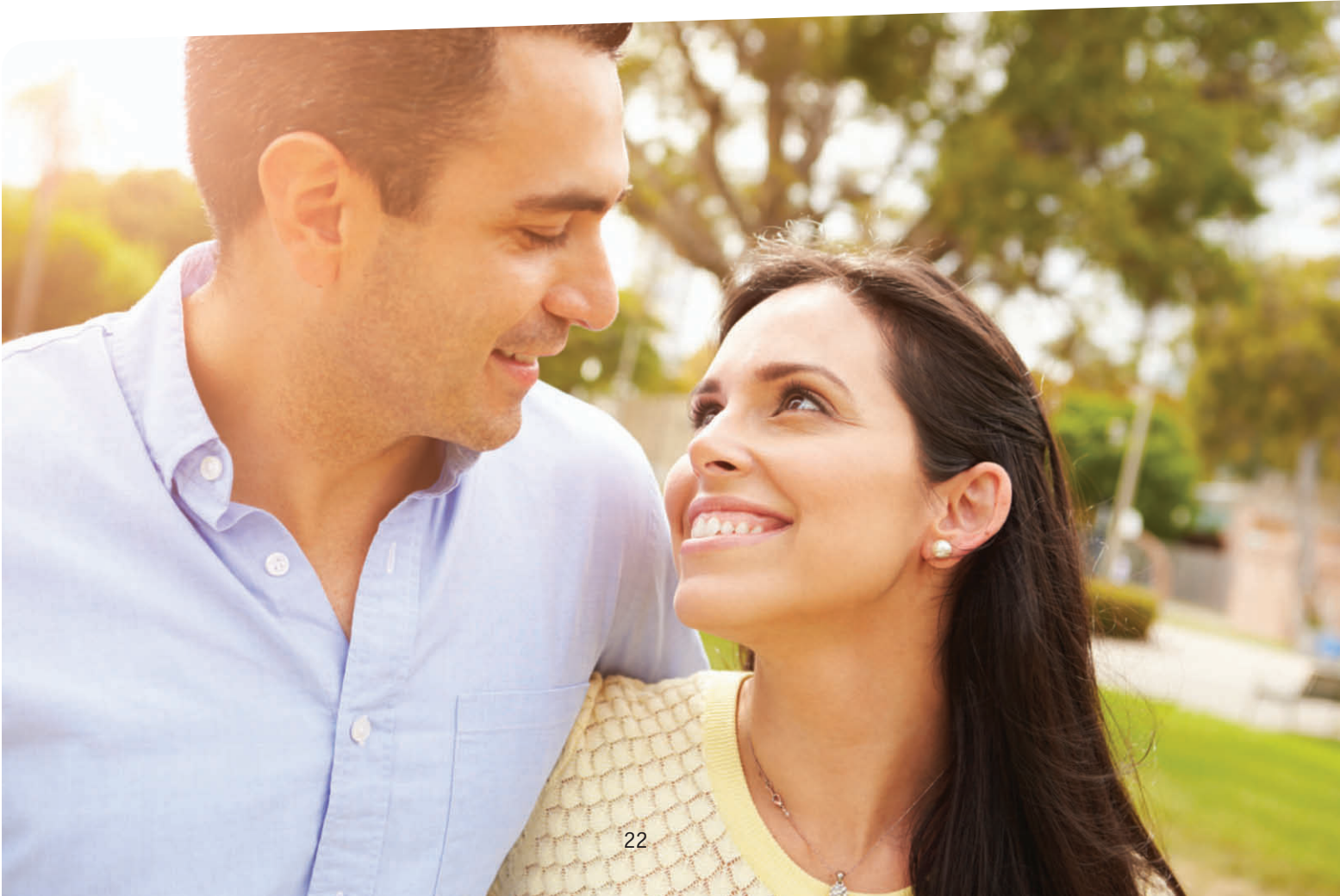
### Need help getting started?

Call the phone number on your ID card. You will be transferred to the home delivery pharmacy. They can help you get started.

\*Based on drug benefit plan design.

\*Express Scripts is a separate company that manages pharmacy services and benefits on behalf of health plan members.

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# Take care of yourself. Use your preventive care benefits.



Getting regular checkups and exams can help you stay well and catch problems early. It may even save your life.

Our health plans offer the services listed in this preventive care flier at no cost to you.<sup>1</sup> When you get these services from doctors in your plan's network, you don't have to pay anything out of your own pocket. You may have to pay part of the costs if you use a doctor outside the network.

## Preventive versus diagnostic care

What's the difference? Preventive care helps protect you from getting sick. Diagnostic care is used to find the cause of existing illnesses. For example, say your doctor suggests you have a colonoscopy because of your age when you have no symptoms. That's preventive care. On the other hand, say you have symptoms and your doctor suggests a colonoscopy to see what's causing them. That's diagnostic care.

## 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 body mass index (BMI)
- Hemoglobin or hematocrit (blood count)
- HPV screening (female)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Counseling for those ages 10–24, with fair skin, about ways to lower their risk for skin cancer
- Screening and behavioral counseling for tobacco use
- Vision screening<sup>2</sup> when done as part of a preventive care visit

#### Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Haemophilus influenzae type b (Hib)
- Hepatitis A and Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chickenpox)

## Women's preventive care

- Well-woman visits
- Breast cancer, including exam, mammogram, and, including genetic testing for BRCA 1 and BRCA 2 when certain criteria are met<sup>3</sup>
- Breast-feeding: primary care intervention to promote breast-feeding support, supplies and counseling (female)<sup>4,5</sup>
- Contraceptive (birth control) counseling
- FDA-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening<sup>5</sup>
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: includes, but is not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV<sup>5</sup>
- Pelvic exam and Pap test, including screening for cervical cancer

The preventive care services listed are recommendations as a result of the Affordable Care Act (ACA, or health care reform law). The services listed may not be right for every person. Ask your doctor what's right for you, based on your age and health condition(s).

*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 govern. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for Exclusions and Limitations.*

## 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 CT colonography (as appropriate)
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening
- Eye chart test for vision<sup>2</sup>
- Hearing screening
- Height, weight and 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>6</sup>
- Screening and counseling for obesity
- Prostate cancer, including digital rectal exam and PSA test
- Sexually transmitted infections: related screening and counseling
- Screening and behavioral counseling for tobacco use
- Violence, interpersonal and domestic: related screening and counseling

#### Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and Hepatitis B
- HPV
- Influenza (flu)
- Meningococcal (meningitis)
- Measles, mumps and rubella (MMR)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles) for those 60 years and older

<sup>1</sup> The range of preventive care services covered at no cost share when provided in-network are designed to meet the requirements of federal and state law. The Department of Health and Human Services has defined the preventive services to be covered under federal law with no cost share as those services described in the 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 the 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 Customer Care 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> Check your medical policy for details.

<sup>4</sup> Breast pumps and supplies must be purchased from an in-network medical provider for 100% coverage; we recommend using an in-network durable medical equipment (DME) supplier.

<sup>5</sup> This benefit also applies to those younger than 19.

<sup>6</sup> You may be required to get prior authorization for these services.

# Essential Drug List

You're working hard to balance your health needs and pharmacy costs — and we're here to help. Our Essential Drug List covers high-quality, affordable drugs that are essential to your health.

## What is the Essential Drug List?

The Essential Drug List is a list of brand-name and generic prescription medications that have been selected and are periodically reviewed through Anthem's Pharmacy & Therapeutics process for proven effectiveness, high quality, and affordability. The Essential Drug List includes all of the essentials, but is a focused list that offers pharmacy choices while ensuring there are no gaps in care.

## How it works

The Essential Drug List makes it easier to find the most cost-effective choices instead of those higher-cost formulary alternatives or over-the-counter (OTC) drugs. Formulary drugs are on different tiers depending on the your cost-share.

## Why the Essential Drug List?

- Includes 60-65% of all prescription medications
- Offers a variety of brand and generic medication choices
- Provides savings by excluding drugs that have lower-cost formulary alternatives, or over-the-counter (OTC) alternatives (such as nasal steroids, PPIs)
- Includes drugs that don't have OTC or lower-cost formulary alternatives
- Maintains clinical integrity without compromising quality and safety
- Was developed and is reviewed regularly through the Pharmacy and Therapeutic (P&T) process<sup>1</sup>

## Do you have questions?

You can call the Member Services number on your Anthem ID card. We can also help answer your questions or find out if a drug is covered.



## Are all medications on the Essential Drug List?

The Essential Drug List is a closed formulary/drug list. That means, sometimes, one or more of the medications you take may no longer be covered or you may have to pay more. But don't worry, you have other choices for your medication(s).

Drug class	Non-formulary drugs	Alternative(s)
ADHD/Stimulant	Adderall XR	amphetamine combo ER
Allergy/Nasal Steroid	budesonide & flunisolide nasal spray	Flonase Allergy*, Nasacort Allergy*
GLP1 (Diabetes)	Victoza	Bydureon & Byetta
Insulin (Diabetes)	Novolog	Humalog
Estrogen Hormone	Minivelle	estradiol patch
PPI (Gastrointestinal)	omeprazole, lansoprazole, pantoprazole, Nexium	omeprazole*, lansoprazole*, Nexium*
High Cholesterol	Crestor	atorvastatin (Lipitor)
Oral contraceptive	Minastrin FE & Lo Estrin FE	Multiple generic contraceptives
LABA combos (Respiratory)	Symbicort	Advair/HFA, Anoro Ellipta, Breo Ellipta & Dulera
Thyroid Hormone	Synthroid	levothyroxine

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

## What to do if a medication is not on the Essential Drug List

There may be times when a medication isn't on the Essential Drug List and your doctor thinks that another option is not right. The prescriber can request an exception review, which usually requires trying two formulary drugs before coverage is allowed. Specialty drugs will be subject to a trial of the preferred drug on our list, if available, and subject to prior authorization. Prior authorization is when the plan reviews a drug first before it's covered.

### Want to learn more?

**Check out your new drug list at <https://www.anthem.com/pharmacyinformation/>.** Select **Essential Drug List** to see which drugs are covered and at what tier level, as well as information on dosage/strength options and prior authorization or step therapy requirements. Drugs in higher tiers usually cost more. If the list doesn't include the drug(s) you take, you may have to pay 100% out of pocket for the drug(s). If the tier is higher for your drug(s), you'll have to pay more than you've been paying.

**Talk to your doctor about this change.** Only you and your doctor can decide what drugs are right for you and if a switch makes sense. If a medication you're taking is no longer covered, you or your doctor can ask us to keep covering the drug(s) by submitting a request for an exception. This requires you or your doctor to call the number on your member ID card or visit <https://www.anthem.com/pharmacyinformation/> and download the Prior Authorization form.

<sup>1</sup> Anthem's P&T team is made up of physicians and pharmacists that quarterly make sure every drug maintains a high level of quality.

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# Let's talk about your privacy and rights

As a member, you have the right to expect the privacy of your personal health information to be protected, consistent with state and federal laws and our policies. And 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 request 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). UM is a program that lets us make sure you're getting the right care at the right time. Licensed health care professionals review information your doctor has sent us to see if the requested care is medically needed. These reviews can be done before, during or after a member's treatment. UM also helps us decide if the services will be covered by your health plan.

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

## Special Enrollment Rights

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

- **If you had another health plan that was canceled.** If you, your dependents or your spouse are no longer eligible for

other coverage (or if the employer stops contributing to your health plan), you may be able to enroll with us. You must enroll within 31 days after the other coverage ends (or after the employer stops paying for it).

- For example: You and your family are enrolled through your spouse's coverage at work. Your spouse's employer stops paying for health coverage. In this case, you and your spouse, as well as other dependents, may be able to enroll in a plan.
- **If you have a new dependent.** This could mean a life event like marriage, birth, adoption or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after the event. For example: If you got married, your new spouse and any new children may be able to enroll in a plan.
- **If your eligibility for Medicaid or SCHIP changes.** You have a special period of 60 days to enroll after:
  - You (or your eligible dependents) lose Medicaid or CHIP coverage because you're no longer eligible.
  - You (or eligible dependents) become eligible to get help from Medicaid or SCHIP for paying part of the cost.











You've got health goals.  
We've got your back.



An employer may elect to insure or self-fund its group health plan. For self-funded accounts, Anthem Blue Cross and Blue Shield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. In Ohio, if your employer selects Blue Preferred Primary and elects to insure its group health plan, Blue Preferred Primary is a health insuring corporation product ("HIC"); if your employer selects Blue Preferred Primary and elects to self-fund its group health plan, Anthem provides access to the Blue Preferred Primary network, provides administrative claims payment services only and assumes no financial risk for claims. Please consult your employer for plan funding details.

The benefit descriptions in this plan overview are intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract and are subject to your employer's plan funding arrangement. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

Life and disability products are underwritten by Anthem Life Insurance Company. Anthem Blue Cross and Blue Shield is the trade name of: In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Ohio: Community Insurance Company. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWi), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWi collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. © ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are the registered marks of the Blue Cross and Blue Shield Association.

Express Scripts, Inc. is a separate company that provides pharmacy services and pharmacy benefit management services on behalf of health plan members.

The Healthy Lifestyles programs are administered by Healthways, Inc., an independent company.