



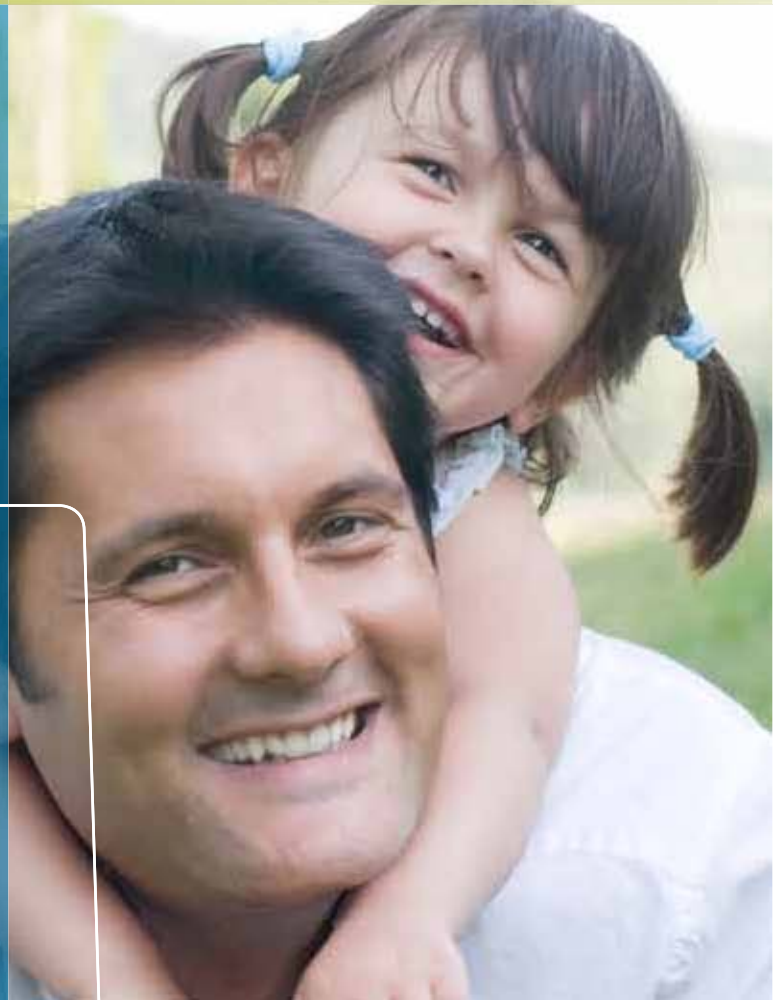
# Benefits You Can Count On

CEBCO-Logan County  
Blue Access PPO  
Effective 01/01/2012

Choosing the right  
health plan is a very  
personal thing.

Use this book to find one that's

- Right for your lifestyle
- Right for your health
- Right for your peace of mind





## Your guide to Anthem Blue Cross Blue Shield benefits

Welcome! We're so glad you're taking time to check out all that Anthem Blue Cross Blue Shield (Anthem) has to offer you. Choosing your health care plan (and the benefits that go with it) is an important decision and this booklet is designed to help. Basically, it's a snapshot of the benefits that come with our Anthem plan. It shows what's available to you, what you get with each benefit and how the plan works.

### Explore the advantages of being an Anthem member.

This booklet goes into all the advantages. But here are the top four:

- 1. You're covered even when travel away from home.** You have access to the BlueCard<sup>®</sup> program and the BlueCard Worldwide<sup>®</sup> program so you'll be able to find an in-network doctor or hospital across the country or around the world if you need care. Wherever you travel, you can have peace of mind knowing you're covered.
- 2. You get more than just basic coverage.** You get access to tools, resources and guidance that are personalized just for you. Plus there are programs to help you get and stay healthy, some are even online. They'll help you reach your personal goals to be as healthy as possible.
- 3. There's so much you can do on our website – after all, it was created just for you.** If you have questions, you'll find the answers you're looking for. You can:
  - Order and print out a new member identification (ID) card if you lose yours,
  - Check the status of a claim
  - Find out how much a service costs
  - Search for a doctor, specialty, hospital or other health care professional
  - Learn about hundreds of health and wellness topics
  - And much more
- 4. Finding an in-network doctor, specialist, hospital or a list of your medicines is a snap.** Just go our website and search the Online Provider Directory. Or call the Customer Service number on your member ID card. A customer service representative can give you information by phone, e-mail, fax or mail.

**Once you get your member ID card, all it takes is three simple steps to discover the world of anthem.com.**

- Go to [anthem.com](http://anthem.com)
- Click on Register
- Create your user name and password

Then you're ready to go!

## Your guide to Anthem Blue Cross Blue Shield benefits (continued)

### **We're on Facebook, Twitter and YouTube.**

Did you know, that when you take better care of yourself, those around you will, too? Your health influences family, friends, even neighbors. (Studies prove it.) We're committed to helping you improve your health, wherever you go. And since you connect with friends, family, and coworkers – night and day, we've made it easy for you to connect with us.

### **Connect with Bob Harper from the television show *The Biggest Loser*.**

We've teamed up with Bob Harper from the television show *The Biggest Loser*. Join us on the sites below for health, wellness and motivational ideas.

- [Facebook.com/HealthJoinIn](https://www.facebook.com/HealthJoinIn)
- [Twitter.com/HealthJoinIn](https://twitter.com/HealthJoinIn)
- [YouTube.com/HealthJoinIn](https://www.youtube.com/HealthJoinIn)

### **At [healthychat.com](http://healthychat.com) you can chat one-on-one about health care.**

There's been a lot of talk about how health care is changing and how those changes impact every one of us. Join our conversations on this interactive website and learn about health care reform and health insurance

Please take a few minutes to look over the information in this booklet. And keep it handy for the future. If you have any questions, just ask your benefits manager. And thanks for considering us.

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# Your Health Benefits

# Blue Access<sup>®</sup> PPO

***Blue Access is a PPO plan that gives you unlimited flexibility over which physicians you use.***

Blue Access provides benefits for covered services provided by non-network physicians and hospitals. However, if you decide to use providers that are in Anthem's network, you can enjoy a lower out-of-pocket expense. Please refer to your benefit summary page for details on how Anthem's Blue Access product can work for you.

## ***Get More for Your Health Benefit Dollar***

Blue Access gives you freedom of choice because you can use network or non-network providers. However, working with network providers can offer you more effective health care coordination, potential cost savings and less paperwork hassle.

## ***No Referral Necessary When You Use Anthem's Networks***

When you use non-network providers, it is necessary to call Anthem for precertification prior to your visit (one exception is emergency care) in order to avoid paying more.

## ***Extensive Networks Make Finding Care Easy — Even While Traveling***

### **BlueCard<sup>®</sup>**

With Blue Access, you have access to scheduled doctor appointments, preventive care benefits, and emergency and urgent care visits — even while traveling. That's because the BlueCard program links participating providers to Blue Cross and Blue Shield licensees across the country. More than 85 percent of all U.S. physicians and hospitals contract with Blue Cross and Blue Shield licensees.<sup>1</sup> So whether you're traveling on business or pleasure, on a weekend getaway or an extended stay, you have flexible easy-to-use coverage.

- ***By choosing a participating BlueCard PPO provider, you receive the highest benefit level.***
- ***By choosing a non-participating BlueCard PPO provider, you receive a reduced benefit level and you may be subject to balance billing.***

# Blue Access<sup>®</sup> PPO (cont.)

## **How to access coverage while traveling**

- 1. Find a doctor or hospital. To find the nearest provider, go to [anthem.com](http://anthem.com), call BlueCard Access at (800) 810-BLUE (2583), or call the customer service number on the back of your ID card.*
- 2. Contact Anthem. Call customer service to verify coverage. Then, call the precertification number to receive prior approval for certain services. Both numbers can be found on the back of your ID card.*
- 3. Visit the provider and present your ID card. The provider will verify benefits and eligibility.*
- 4. Allow the network provider to file your claim. After you receive care, the provider will electronically file the claim. You are responsible only for normal out-of-pocket expenses, such as a copayment, deductible or non-covered service.*
- 5. Look for an explanation in the mail. Anthem processes the claim, reimburses the provider if necessary and mails you an explanation of benefits (EOB).*

Of course, in case of an emergency, bypass these steps and go to the nearest health care facility.

<sup>1</sup> Blue Cross and Blue Shield Association, [www.bcbs.com/employers/index.html](http://www.bcbs.com/employers/index.html), Aug. 26, 2004.

## Logan County Plan 4a Blue Access<sup>SM</sup> (PPO) Summary of Benefits, Effective 01/01/2012

**Please note:** As we receive additional guidance and clarification from the U.S. Department of Health and Human Services, we may be required to make additional changes to your benefits.

Covered Benefits	Network	Non-Network
<b>Deductible (Single/Family)</b>	\$500/\$1,000	\$1,000/\$2,000
<b>Out-of-Pocket Limit (Single/Family)</b>	\$2,000/\$4,000	\$4,000/\$8,000
<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>routine and non-routine mammograms (regardless of outpatient setting)</li> <li>diabetic education (regardless of outpatient setting)</li> <li>certain medical nutritional therapy (regardless of outpatient setting)</li> <li>MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies and non-maternity related Ultrasounds</li> </ul>	\$25/\$35  \$5 30% No copayment/coinsurance  No copayment/coinsurance No copayment/coinsurance  30%	50%  50% 50% 50% 50% Not Covered  50%
<b>Preventive Care Services</b> Services include but are not limited to: Routine Exams, Pelvic Exams, Pap testing, PSA tests, Immunizations <sup>1</sup> , Annual diabetic eye exam, Routine Vision and Hearing exams <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>	No copayment/coinsurance No copayment/coinsurance	50% 50%
<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>	\$150  \$50	\$150  \$50
<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>	30%	50%
<b>Inpatient Facility Services</b> Unlimited days except for: <ul style="list-style-type: none"> <li>60 days Network/Non-Network combined for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis)</li> <li>90 days Network/Non-Network combined for skilled nursing facility</li> </ul>	30%	50%
<b>Outpatient Surgery Hospital/Alternative Care Facility</b> <ul style="list-style-type: none"> <li>Surgery and administration of general anesthesia</li> </ul>	30%	50%
<b>Other Outpatient Services (including but not limited to):</b> <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 (Network/Non-network combined) 90 visits (excludes IV Therapy)</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>	30%  30% 30% 30% 30% 30%	50%  50% 50% 50% 30% 30%

Covered Benefits	Network	Non-Network
<b>Outpatient Therapy Services (Combined Network &amp; Non-Network limits apply)</b> <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>Physical therapy: 30 visits</li> <li>Occupational therapy: 30 visits</li> <li>Manipulation therapy: 12 visits</li> <li>Speech therapy: 20 visits</li> </ul>	\$25/\$35 30%	50% 50%
<b>Behavioral Health Services: Mental Health and Substance Abuse<sup>2</sup></b> <ul style="list-style-type: none"> <li>Inpatient Facility Services</li> <li>Inpatient Professional Services</li> <li>Physician Home and Office Visits (PCP/SCP)</li> <li>Other Outpatient Services @ Hospital/Alternative Care Facility</li> </ul>	30% 30% \$25 30%	50% 50% 50% 50%
<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 copayment/coinsurance	50%
<b>Prescription Drugs<sup>4</sup></b>	Covered under separate plan	Covered under separate plan

**Notes:**

- Flat dollar copayments are excluded from the out-of-pocket limits. Also Prescription Drug deductibles/copayments/coinsurance and Non-network Human Organ and Tissue Transplants are excluded from the out-of-pocket limits.
- Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services @ Hospital where a percentage (%) coinsurance applies to other covered services.
- 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/GYN's and Geriatrics or any other Network Provider as allowed by the plan.
- Physicians Home and office visit copayment also applies if the office visit is billed with allergy injections.
- No copayment/coinsurance 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.
- Benefit period = calendar year

<sup>1</sup>These covered services are not subject to the deductible/copayment if you have a flat dollar copayment and if rendered without an office visit.

<sup>2</sup>We encourage you to contact Our Mental Health Subcontractor to assure the use of appropriate procedures, setting and medical necessity. Refer to 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.

**Precertification:**

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

**Pre-existing Exclusion Period:**

We will not provide benefits for services, supplies or charges for any pre-existing condition for the time period specified below (subject to HIPAA portability requirements and excludes dependents under age 19):

12 months after the member's enrollment date. A pre-existing condition is a condition (mental or physical) which was present and for which medical advice, diagnosis, care or treatment was recommended or received within the 6 month period ending on the member's enrollment date. Pregnancy and domestic violence are not considered a pre-existing condition. Genetic information may not be used as a condition in the absence of a diagnosis.

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.

# How to understand your Explanation of Benefits (EOB)

Anthem Blue Cross and Blue Shield (Anthem) will send you an Explanation of Benefits (EOB) when a health care provider (doctor, specialist, hospital, lab facility or other health care professional) files a claim for your care.

You may not always get an EOB in the mail. For example, if you only need to pay a copay for a doctor visit or other service, we will not mail you an EOB. But, you can still see your medical EOBs/claims recaps online at [anthem.com](https://www.anthem.com).

An EOB is not a bill, but it can help you figure out if you need to pay anything to your health care provider. This guide explains the different parts of your EOB.

- 1. Patient's name:** The name of the person who got care.
- 2. Provider name:** The name and place of the health care provider who filed the claim.  
**Note:** If Anthem paid the health care provider, you will see the note "Payment was made to Provider."
- 3. Claim number:** This is the number given to your claim. You may need this number if you need to call Customer Service with questions.

12345 45678 000012 00001/00002

**Explanation of Benefit Payments**  
**THIS IS NOT A BILL**

STATEMENT DATE:

15 ID#

16 Group #

This statement reports on claim(s) recently processed for you and/or your dependents. For more details log on to ANTHEM.COM. If you have any questions, please call or write:

18 ANTHEM BLUE CROSS AND BLUE SHIELD  
P.O. BOX 37010  
Louisville, KY 40233-7010  
If you know of a situation that may involve health insurance fraud, please call toll free 1-877-293-1624

19 YOUR RESPONSIBILITY

4	5	6	7	8	9	10	11	12	13	14
SERVICE DATE	DESCRIPTION	AMOUNT CHARGED	ALLOWABLE CHARGES	OTHER INSURANCE	APPLIED TO DEDUCTIBLE	COPAY	COINSURANCE	OTHER AMOUNTS NOT COVERED	AMOUNT PAID	CODE
1 Patient:	Last Name, First Name									
2 Provider:	4356789048300									
3 Claim #:	Hospital Services									

17

PLEASE KEEP FOR YOUR RECORDS. THIS IS THE ONLY COPY OF THIS FORM AVAILABLE.

- 4. Service date:** The date(s) you got care.
- 5. Description:** This is a summary of your health care services.
- 6. Amount charged:** How much the provider charged for the services you got. If this is for Medicare/Complementary services, the amount in this column will show the amount billed to Medicare.
- 7. Allowable charges:** The most that a doctor, hospital or other health care provider will be paid for a service under your benefits. For more information, see your benefits information.
- 8. Other insurance:** The amount paid by other insurance, including Medicare.
- 9. Applied to deductible:** The amount that you must pay for covered services each year before Anthem starts providing benefits.
- 10. Copay:** The amount that you pay as your share of the cost of certain services each time you get care.
- 11. Coinsurance:** The percentage of the covered charges that you must pay as your part of the costs, up to your annual out-of-pocket maximum.
- 12. Other amounts not covered:** Charges that are higher than the amount Anthem allows for the service or services not covered by your benefits. The health care provider may charge you for these amounts.

# How to understand your Explanation of Benefits (EOB)


13. **Amount paid:** The total amount Anthem paid to the health care provider based on your benefits.
14. **Code:** This message explains the status of the claim. This can help you understand why you may have to pay for some costs of a service or may explain why a claim was not covered.
15. **ID number:** This is your ID number. This is the same number that is on your ID card.
16. **Group number:** This is the number given to your employer.
17. **Messages:** Notes about certain charges.
18. **Address and phone number:** Gives information on where to send a letter or who to call if you have more questions.
19. **Explanations:** This explains who must pay the amounts shown in columns nine through 12.

## Did you know that you can get your medical EOBs online? Here's how.

- Log in to **anthem.com** (if you haven't registered yet, you will need to register to log in).
- Click on "Profile."
- Scroll down the page to choose how you would like to receive your medical EOBs/claims recaps and select "Go Paperless."\*

\*Only the subscriber can pick this option.

12345 45678 0000012 00001/00002



**ANTHEM BLUE CROSS AND BLUE SHIELD**  
12345 MAIN STREET  
ANYTOWN, USA, 912345

0000123 45678910 002 389293945  
YOUR NAME  
YOUR ADDRESS  
CITY, STATE, ZIP

**Explanation of Benefit Payments**  
**THIS IS NOT A BILL**

STATEMENT DATE: \_\_\_\_\_

15 ID# \_\_\_\_\_

16 Group # \_\_\_\_\_

This statement reports on claim(s) recently processed for you and/or your dependents. For more details log on to ANTHEM.COM. If you have any questions, please call or write:

18 **ANTHEM BLUE CROSS AND BLUE SHIELD**  
P.O. BOX 37010  
Louisville, KY 40233-7010

If you know of a situation that may involve health insurance fraud, please call toll free 1-877-293-1624

YOUR RESPONSIBILITY															
4	5	6	7	8	9	10	11	12	13	14					
SERVICE DATE	DESCRIPTION	AMOUNT CHARGED	ALLOWABLE CHARGES	OTHER INSURANCE	APPLIED TO DEDUCTIBLE	COPY	COINSURANCE	OTHER AMOUNTS NOT COVERED	AMOUNT PAID	CODE					
1 Patient:	Last Name, First Name														
2 Provider:	4356789048300														
3 Claim #:	Hospital Services														
				17											

PLEASE KEEP FOR YOUR RECORDS. THIS IS THE ONLY COPY OF THIS FORM AVAILABLE.

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

Getting regular checkups and exams can help you stay well, catch problems early and may be lifesaving. Our health plans cover 100% of the services listed in this flier as preventive care.<sup>1</sup> This follows the health care reform law and state regulations. When you get these services from providers in the network, you don't have to worry about paying anything out of your own pocket for covered preventive care such as screenings, immunizations and exams. You may have to pay part of the costs if you use a provider outside the network.

Here's an overview of the types of preventive services we cover. Refer to your benefits summary to learn more.

## Preventive versus diagnostic care

What's the difference? Preventive care is precautionary. Diagnostic care is used to find the cause of existing symptoms. For example, if your doctor suggests you have a colonoscopy because of your age, that's preventive care. But, if your doctor suggests a colonoscopy to see what's causing your symptoms, that's diagnostic care and you may need to pay part of the cost (this is your "cost share").

## Child preventive care (birth to 18 years)

Preventive care physical exams are covered as well as the screenings, tests and vaccines listed here. The preventive care services listed below may not be right for every person. Please ask your health care provider what's right for you.

- Screening for depression
- Screening and counseling for obesity
- Behavioral counseling to promote a healthy diet
- Screening for sexually transmitted infections
- Pelvic exam and Pap test, including screening for cervical cancer

## Preventive physical exams

### Age-appropriate screening tests may include:

- Newborn screenings
- Vision screening<sup>2</sup>
- Hearing screening
- Developmental and behavioral assessments
- Oral health assessment
- Screening for lead exposure
- Hemoglobin or hematocrit (blood count)
- Blood pressure
- Height, weight and body mass index (BMI)
- Cholesterol and lipid level screening

### Immunizations:

- Hepatitis A
- Hepatitis B
- Diphtheria, Tetanus, Pertussis
- Varicella (chicken pox)
- Influenza (flu)
- Pneumococcal (pneumonia)
- Human Papillomavirus (HPV)
- Haemophilus Influenza type b (Hib)
- Polio
- Measles, Mumps, Rubella (MMR)
- Meningococcal (meningitis)
- Rotavirus

# Take care of yourself. Use your preventive care benefits. (continued)

## Adult preventive care (19 years and older)

Preventive care physical exams are covered as well as the screenings, tests and vaccines listed here. The preventive care services listed below may not be right for every person. Please ask your health care provider what's right for you.

### Preventive physical exams

#### Age-appropriate screening tests may include:

- Eye chart vision screening<sup>2</sup>
- Hearing screening
- Cholesterol and lipid level screening
- Blood pressure
- Height, weight and BMI
- Screening for depression
- Diabetes screening
- Prostate cancer screening including digital rectal exam and PSA test
- Breast cancer screening, including exam and mammography
- Pelvic exam and Pap test, including screening for cervical cancer
- Screening for sexually transmitted infections
- HIV screening
- Bone density test to screen for osteoporosis
- Colorectal cancer screening including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and CT colonography (as appropriate)

- Aortic aneurysm screening (men)
- Screenings during pregnancy (including but not limited to, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV)
- Intervention services (includes counseling and education):
  - Screening and counseling for obesity
  - Genetic counseling for women with a family history of breast and/or ovarian cancer
  - Behavioral counseling to promote a healthy diet
  - Primary care intervention to promote breastfeeding
  - Counseling related to aspirin use for the prevention of cardiovascular disease (does not include coverage for aspirin)
  - Screening and behavioral counseling related to tobacco use
  - Screening and behavioral counseling related to alcohol misuse

#### Immunizations:

- Hepatitis A
- Hepatitis B
- Diphtheria, tetanus, pertussis
- Varicella (chicken pox)
- Influenza (flu)
- Pneumococcal (pneumonia)
- Human Papillomavirus (HPV)
- Measles, Mumps, Rubella (MMR)
- Meningococcal (meningitis)
- Zoster (shingles)

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 & Limitations.

1 Preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits  
2 Some plans cover additional vision services. Please see your contract or Certificate of Coverage for details.

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# Additional Benefits

# Health, Wellness & Anthem Advantages

# Get the most out of your health plan

**anthem.com**

**Clear. Intuitive. Easy.**

Save money and live better with tools that keep you informed, in control, and at your healthy best.

## **Health and wellness**

Now it's easier than ever to improve your health and well-being. Simply log in at anthem.com. You have access to an array of innovative tools to help you manage your health and achieve your goals.

### **MyHealth Assessment**

*Your first step toward a healthier lifestyle*

Gain personal insights into your current health, your health risks, and what you can do to enjoy a healthier life. You complete a confidential assessment of your health and health care status, then receive a health assessment score and risk profile based on your specific answers. You also get tips and actions to help you improve your health.

To use MyHealth Assessment:

- Visit anthem.com
- Click on "Health & Wellness"
- Under Health Assessment, select "Take my HA now"

### **MyHealth Record**

*Your health history in one secure location*

Keep your medical records organized, secure and easily accessible for emergencies and everyday use. Enter your information such as dates of immunizations, tests and screenings, prescription and over-the-counter drugs you take, medical conditions and more. Print and share with your doctors to help avoid potential drug interactions and duplicative tests and procedures.

To use MyHealth Record:

- Visit anthem.com
- Click on "Health & Wellness"
- Under Health Assessment, select "Start your Health Record"

### **SpecialOffers**

*Discounts on health-related products and services*

## Get the most out of your health plan

Enjoy members-only discounts on vitamins, health and beauty products, chiropractic care, acupuncture, massage therapy, LASIK eye surgery, eyeglass frames and contact lenses, hearing aids, and audiology services, fitness center memberships, weight-loss programs and more.

To access all discounts:

- Log in at [anthem.com](http://anthem.com)
- Click on “Health & Wellness”
- On far right side of page, see “Discounts”
- Click on “Access your Discount”

### **Zagat® Health Survey**

*Doctor recommendations from your peers*

Benefit from the experiences of fellow Anthem Blue Cross Blue Shield (Anthem) members to help you find the doctor that's right for you. We've teamed with Zagat Survey, the world's most trusted source of recommendations by consumers, for consumers, to let you rate your doctors and see what others say about them.

To access the Zagat Health Survey:

- Log in at [anthem.com](http://anthem.com)
- Go to your Account Summary page to rate your Recently Visited Providers
- Under Customize your Summary, click/drag/drop “Recently Visited Doctors”
- See Zagat logo and link to “Rate this doctor”

### **Plans and benefits**

Anthem.com makes complex information easy to understand and easy to use. That makes it easier to make the right decisions for you and your family.

### **Anthem Care Comparison**

*Quality and cost information at your fingertips*

Make informed decisions and save money by comparing actual costs for common procedures at hospitals and facilities in your area. In addition to price information, you can see procedure and quality comparisons that gauge performance and safety at each facility..

To use Anthem Care Comparison:

- Log in at [anthem.com](http://anthem.com)
- Go to your Account Summary page and select “Compare Facility Cost and Quality”
- Click/drag/drop “Compare Cost & Quality”
- Select “Compare Facility Cost & Quality”

# Get the most out of your health plan

## **Coverage Advisor<sup>SM</sup>**

*A customized comparison of your health care needs and costs*

You have a wide range of Anthem health plans to choose from; Coverage Advisor helps you choose the right one for you and your family. It helps you forecast your health care needs and costs and provides you with a clear comparison of benefit plans. If you have a medical savings account, it can also recommend contribution amounts to help cover expenses.

To use Coverage Advisor:

- Log in at [anthem.com](http://anthem.com)
- Go to Resources under “Plans & Benefits”
- Select the Blue “Plans & Benefits” panel
- On the far right side, select “Access Coverage Advisors”

## **Claims look-up**

*Easy access to claims information*

Stay on top of your medical claims with this easy online view. You can see the amounts charged to your medical savings account, the amounts paid by your traditional health coverage, or the amounts for which you're responsible. You may also choose to receive an email when a claim has been processed, instead of receiving notification by mail.

To look up a claim:

- Log in at [anthem.com](http://anthem.com)
- Click on “Plans & Benefits”
- On right side Welcome area, select “Check Claim Status”

## **Online Provider Finder**

*The quick and easy way to find your doctor*

Search for doctors, hospitals and other health care facilities quickly online. You can make your search more specific by choosing a specialty or entering the name of a doctor or facility. If you're away from home, you can also search our National Directory.

To search our online Provider Finder:

- Visit [anthem.com](http://anthem.com)
- Select “Find a Doctor” and simply follow the steps outlined on the screen

## **Account Summary Page**

*Your personal gateway to information and resources*

See an overview of your benefits, doctors, prescriptions and more. Just click to learn more or perform common tasks such as refilling a prescription or checking on claims. You can customize your Account Summary Page so it looks and works exactly the way you want it to.

To go to your Account Summary Page:

## Get the most out of your health plan

- Visit [anthem.com](https://www.anthem.com)

### **Temporary ID card**

*Use it until you get your permanent ID card*

We know the peace of mind your member identification (ID) card brings you and your loved ones. That's why we've made sure you can have it wherever you go.

If you haven't received your permanent ID card yet and want to access health care services, you can print your temporary ID card online by logging on to **anthem.com**.<sup>\*</sup> Your temporary ID card letter **expires 30 days after its issue date** and isn't meant to replace your permanent ID card, which you'll still receive.

<sup>\*</sup>Not all members may be able to request a temporary ID card.

### **Not registered at anthem.com?**

**Sign up now for access to personalized service and resources. It's fast, easy and secure..**

## 360° Health® programs

**The programs you read about here come with your health plan. There is no extra cost for them.**

To learn more about these programs online, log in to [anthem.com](http://anthem.com) and click on "Health and Wellness".

### **Take charge of your health and the choices you make**

We all have different health needs. Maybe you're fit and want to stay that way. Maybe you're living with a chronic condition like asthma. Or maybe you fall somewhere in between. No matter where you fall, our 360° Health program is here to give you all the help you need to live healthier. From tips and tools you can find online to nurses you can talk to on the phone, 360° Health can help you take better control over your health. And it can give you the power to make the decisions that are right for you.

#### **24/7 NurseLine**

Round-the-clock access to health information can really help your peace of mind and your physical well-being. That's why we have Nurse Coaches ready to speak with you about your general health issues any time of the day or night. Just call the 24/7 NurseLine toll-free number to get answers to questions like these:

- Can the problem be treated at home?
- Do you need to see your doctor?
- Should you head straight to the emergency room?

Making the right call can help you avoid unnecessary worry and costs. And, most importantly, safeguard your health and the health of your family.

**To reach 24/7 NurseLine, just call the customer service number on your ID card and ask to speak to a 24/7 NurseLine representative.**

#### **ConditionCare**

If you or someone you love has an ongoing illness or health problem, let us help you get more out of life. Our ConditionCare nurses help people of all ages take care of the symptoms of asthma and diabetes. And they work closely with adults who have chronic obstructive pulmonary disease (COPD), heart failure and coronary artery disease. With ConditionCare you'll get the information you need to help you feel your very best. Our ConditionCare nurses gather information from you and your doctor. Then they create a personalized plan for you.

**Information and support are as close as your phone. Call the customer service number on your ID card and ask to speak to a ConditionCare Nurse.**

## 360° Health® programs

### ComplexCare

ComplexCare is for our members with more than one health problem or a condition that puts them at risk for needing more care, more often. If you sign up for ComplexCare, you, your family and your doctors will work with a ComplexCare nurse and others on our staff. They'll help you meet health goals and help you avoid going in and out of the hospital.

With ComplexCare, you have 24/7 toll-free access to nurses who will work one-on-one with you to teach you about taking care of your condition while living the life you like to live. They'll also help you learn about why it's important to go for regular checkups and screenings. The nurses can help you make better choices about your care. They can also help make sure your doctors are all talking to each other about your care and what's best for you. If you qualify for the ComplexCare program, a nurse will contact you.

**To learn more, log on to [anthem.com](http://anthem.com) or contact the customer service number on your ID card.**

### Behavioral Health

Dealing with complex mental health and medical conditions can be confusing and frustrating. But you don't have to face them alone. Our two programs, Behavioral Health Care Management and Depression Care Management can help guide you through your mental and physical health care challenges. The programs' care managers are licensed mental health professionals. They'll work closely with you to make a plan that can help you meet your mental health goals and tackle any barriers that might get in the way. The care managers will also make sure that all of your doctors and anyone else giving you care are all working together so that you get the best care. They'll also help you get the most value from your health plan benefits.

**To learn more, call the customer service number on your ID card and ask to speak to a Behavioral Health Resource representative.**

### Staying Healthy Reminders

Sometimes we all need a reminder to be our healthy best. That's where Staying Healthy Reminders come in. We send you reminders about regular checkups and tests you should be having based on your age and sex. Staying Healthy Reminders cover just about everything from shots, mammograms and pelvic exams to testing for osteoporosis, colorectal cancer and cholesterol.

**Keep an eye on your mailbox for your Staying Healthy Reminders.**

### Imaging Management

Our Imaging Management program works directly with your doctor to help you get the right imaging test – like an MRI or PET scan – for your needs. Getting the right test done the first time can mean a faster, more accurate diagnosis. It can also mean you're exposed to a smaller amount of radiation. And it can reduce the amount of money wasted on extra tests. The program gives

## 360° Health® programs

your doctor's office a list of nearby imaging facilities that are in your health plan's network. And it even tells your doctor which one has the best quality and value for any given test. Please remind your doctor to contact our Imaging Management program whenever you need a test.

# Information You Should Know

## Managing your care if you need to go to a hospital or get a specific medical treatment

If you or a family member needs a certain type of medical care (for example: surgery, a treatment done in a doctor's office, physical therapy, etc.), you may want to know more about the following programs and definitions. They may help you better understand how your benefits work and how your health plan manages your care in these types of situations.

### Utilization Management

Utilization Management (UM) is a program that is part of your health plan that lets us make sure you're getting the right care at the right time. Our UM program is made up of a team of licensed health care professionals such as nurses and doctors who do medical reviews. The UM review team goes over the information we have received from your doctor or other health care provider to see if a surgery, treatment or other type of care that has been requested is medically needed. The UM review team checks to make sure that the treatment meets specific rules set by your health plan. After reviewing the records and information, the surgery or treatment will be approved (covered) or denied (not covered) and the UM review team will let you and your doctor know as soon as possible.

Medical reviews like this can be done before, during and after a member's treatment. Here's an explanation of each type of review:

#### **The prospective or pre-service review (done before medical care is given)**

A prospective review is done before a member goes to the hospital or has some other type of service or treatment.

Here are some types of medical needs members may have that might call for a prospective review:

- To go to (and/or stay at) a hospital
- An outpatient procedure (the member can go home the same day)
- Tests done to try to find the cause of an illness such as MRI (Magnetic Resonance Imaging) and CT (Computed Tomography) scans
- A certain type of outpatient therapy such as physical therapy or emotional health counseling
- "Durable medical equipment" (DME) which means wheelchairs, walkers, crutches, hospital beds and more

#### **The concurrent review (done during medical care and recovery)**

A concurrent review is done at the time the member is in the hospital or is released and needs more care related to the hospital stay. This could mean services or treatment done in a doctor's office, regular office visits, physical or emotional therapy, home health care, durable medical equipment (see above), staying in a nursing home, getting emotional health care and more. The UM review team looks at the member's medical information at the time of the review to see if the treatment is medically needed.

## Managing your care if you need to go to a hospital or get a specific medical treatment

### **The retrospective or post-service review (done after medical care is given)**

A retrospective review is done when a member has already had surgery or another type of medical care. When the UM review team becomes aware of the treatment, they will look at the member's medical information that the doctor or provider had at the time the medical care was given. They can then see if the treatment was medically needed.

### **Case Management**

Case managers are licensed health care professionals who work with you and your doctor to help you learn about and manage your health conditions, and help you better understand your health benefits.

## Your rights and responsibilities as an Anthem Blue Cross Blue Shield member

As Anthem Blue Cross Blue Shield Anthem Blue Cross Blue Shield (Anthem) member you have certain rights and responsibilities to help make sure that you get the most from your plan and access to the best care possible. That includes certain things about your care, how your personal information is shared and how you work with us and your doctors. It's kind of like a "Bill of Rights". And helps you know what you can expect from your overall health care experience and become a smarter health care consumer.

### You have the right to:

- Speak freely and privately with your doctors and other health professionals about all health care options and treatment needed for your condition, no matter what the cost or whether it's covered under your plan.
- Work with your doctors in making choices about your health care.
- Be treated with respect, dignity, and the right to privacy.
- Privacy, when it comes to your personal health information, as long as it follows state and federal laws, and our privacy rules.
- Get information about our company and services, and our network of doctors and other health care providers.
- Get more information about your rights and responsibilities and give us your thoughts and ideas about them.
- Give us your thoughts and ideas about any of the rules of your health care plan and in the way your plan works.
- Make a complaint or file an appeal about:
  - Your health care plan
  - Any care you get
  - Any covered service or benefit ruling that your health care plan makes
- Say no to any care, for any condition, sickness or disease, without it affecting any care you may get in the future; and the right to have your doctor tell you how that may affect your health now and in the future
- Participate in matters that deal with the company policies and operations.
- Get all of the most up-to-date information about the cause of your illness, your treatment and what may result from that illness or treatment from a doctor or other health care professional. When it seems that you will not be able to understand certain information, that information will be given to someone else that you choose.
- Get help at any time, by contacting your local insurance department.

### You have the responsibility to:

- Choose any primary care physician (doctor), also called a PCP, who is in our network if your health care plan says that you to have a PCP.

## Your rights and responsibilities as an Anthem Blue Cross Blue Shield member (continued)

- Treat all doctors, health care professionals and staff with courtesy and respect.
- Keep all scheduled appointments with your health care providers and call their office if you have a delay or need to cancel.
- Read and understand, to the best of your ability, all information about your health benefits or ask for help if you need it.
- To the extent possible, understand your health problems and work with your doctors or other health care professionals to make a treatment plan that you all agree on.
- Follow the care plan that you have agreed on with your doctors or health care professionals.
- Tell your doctors or other health care professionals if you don't understand any care you're getting or what they want you to do as part of your care plan.
- Follow all health care plan rules and policies.
- Let our Customer Service department know if you have any changes to your name, address or family members covered under your plan.
- Give us, your doctors and other health care professionals the information needed to help you get the best possible care and all the benefits you are entitled to. This may include information about other health care plans and insurance benefits you have in addition to your coverage with us.

For details about your coverage and benefits, please read your "Subscriber Agreement".

# Important legal information you should take time to read

## Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act explains your rights for treatment under the health plans if you need a mastectomy. Plain and simple... we're here for you.

If you ever need a benefit-covered mastectomy, we hope it will give you some peace of mind to know that your Anthem Blue Cross and Blue Shield benefits comply with the Women's Health and Cancer Rights Act of 1998, which provides for:

- Reconstruction of the breast(s) that underwent a covered mastectomy.
- Surgery and reconstruction of the other breast to restore a symmetrical appearance.
- Prostheses and coverage for physical complications related to all stages of a covered mastectomy, including lymphedema.
- All applicable benefit provisions will apply, including existing deductibles, copayments and/or co-insurance.

## HIPAA NOTICE OF PRIVACY PRACTICES

The HIPAA Notice of Privacy Practices explains the rules around how we handle your private information under HIPAA laws. Plain and simple... we don't share your information unless it's needed to manage your benefits or you give us the OK to do it.

We keep the health and financial information of our current and former members private as required by law, accreditation standards, and our rules. This notice explains your rights. It also explains our legal duties and privacy practices. We are required by federal law to give you this notice.

### Your Protected Health Information

We may collect, use, and share your Protected Health Information (PHI) for the following reasons and others as allowed or required by law, including the HIPAA Privacy rule:

**For Payment:** We use and share PHI to manage your account or benefits; or to pay claims for health care you get through your plan. For example, we keep information about your premium and deductible payments. We may give information to a doctor's office to confirm your benefits.

**For Health Care Operations:** We use and share PHI for our health care operations. For example, we may use PHI to review the quality of care and services you get. We may also use PHI to provide you with case management or care coordination services for conditions like asthma, diabetes, or traumatic injury.

**For Treatment Activities:** We do not provide treatment. This is the role of a health care provider such as your doctor or a hospital. But, we may share PHI with your health care provider so that the provider may treat you.

**To You:** We must give you access to your own PHI. We may also contact you to let you know about treatment options or other health-related benefits and services. When you or your

## Important legal information you should take time to read (continued)

dependents reach a certain age, we may tell you about other products or programs for which you may be eligible. This may include individual coverage. We may also send you reminders about routine medical checkups and tests.

**To Others:** You may tell us in writing that it is OK for us to give your PHI to someone else for any reason. Also, if you are present, and tell us it is OK, we may give your PHI to a family member, friend or other person. We would do this if it has to do with your current treatment or payment for your treatment. If you are not present, if it is an emergency, or you are not able to tell us it is OK, we may give your PHI to a family member, friend or other person if sharing your PHI is in your best interest.

**As Allowed or Required by Law:** We may also share your PHI, as allowed by federal law, for many types of activities. PHI can be shared for health oversight activities. It can also be shared for judicial or administrative proceedings, with public health authorities, for law enforcement reasons, and to coroners, funeral directors or medical examiners (about decedents). PHI can also be shared for certain reasons with organ donation groups, for research, and to avoid a serious threat to health or safety. It can be shared for special government functions, for workers' compensation, to respond to requests from the U.S. Department of Health and Human Services and to alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes. PHI can also be shared as required by law.

If you are enrolled with us through an employer sponsored group health plan, we may share PHI with your group health plan. We and/or your group health plan may share PHI with the sponsor of the plan. Plan sponsors that receive PHI are required by law to have controls in place to keep it from being used for reasons that are not proper.

**Authorization:** We will get an OK from you in writing before we use or share your PHI for any other purpose not stated in this notice. You may take away this OK at any time, in writing. We will then stop using your PHI for that purpose. But, if we have already used or shared your PHI based on your OK, we cannot undo any actions we took before you told us to stop.

**Genetic Information:** If we use or disclose PHI for underwriting purposes, we are prohibited from using or disclosing PHI that is genetic information of an individual for such purposes.

### Your Rights

Under federal law, you have the right to:

- Send us a written request to see or get a copy of certain PHI or ask that we correct your PHI that you believe is missing or incorrect. If someone else (such as your doctor) gave us the PHI, we will let you know so you can ask them to correct it.
- Send us a written request to ask us not to use your PHI for treatment, payment or health care operations activities. We are not required to agree to these requests.
- Give us a verbal or written request to ask us to send your PHI using other means that are reasonable. Also let us know if you want us to send your PHI to an address other than your home if sending it to your home could place you in danger.
- Send us a written request to ask us for a list of certain disclosures of your PHI.

## Important legal information you should take time to read (continued)

Call Customer Service at the phone number printed on your identification (ID) card to use any of these rights. They can give you the address to send the request. They can also give you any forms we have that may help you with this process.

### How we protect information

We are dedicated to protecting your PHI. We set up a number of policies and practices to help make sure your PHI is kept secure.

We keep your oral, written, and electronic PHI safe using physical, electronic, and procedural means. These safeguards follow federal and state laws. Some of the ways we keep your PHI safe include offices that are kept secure, computers that need passwords, and locked storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. The policies limit access to PHI to only those employees who need the data to do their job. Employees are also required to wear ID badges to help keep people, who do not belong, out of areas where sensitive data is kept. Also, where required by law, our affiliates and non-affiliates must protect the privacy of data we share in the normal course of business. They are not allowed to give PHI to others without your written OK, except as allowed by law.

### Potential Impact of Other Applicable Laws

HIPAA (the federal privacy law) generally does not preempt, or override other laws that give people greater privacy protections. As a result, if any state or federal privacy law requires us to provide you with more privacy protections, then we must also follow that law in addition to HIPAA.

### Complaints

If you think we have not protected your privacy, you can file a complaint with us. You may also file a complaint with the Office for Civil Rights in the U.S. Department of Health and Human Services. We will not take action against you for filing a complaint.

### Contact Information

Please call Customer Service at the phone number printed on your ID card. They can help you apply your rights, file a complaint, or talk with you about privacy issues.

### Copies and Changes

You have the right to get a new copy of this notice at any time. Even if you have agreed to get this notice by electronic means, you still have the right to a paper copy. We reserve the right to change this notice. A revised notice will apply to PHI we already have about you as well as any PHI we may get in the future. We are required by law to follow the privacy notice that is in effect at this time. We may tell you about any changes to our notice in a number of ways. We may tell you about the changes in a member newsletter or post them on our website. We may also mail you a letter that tells you about any changes.

## Important legal information you should take time to read

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

This Notice is provided by the following company: **Anthem Blue Cross and Blue Shield**

### STATE NOTICE OF PRIVACY PRACTICES

As we told you in our HIPAA notice, we must follow state laws that are more strict than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law.

#### Your Personal Information

We may collect, use and share your nonpublic personal information (PI) as described in this notice.

We may collect PI about you from other persons or entities such as doctors, hospitals, or other carriers.

We may share PI with persons or entities outside of our company without your OK in some cases.

If we take part in an activity that would require us to give you a chance to opt-out, we will contact you. We will tell you how you can let us know that you do not want us to use or share your PI for a given activity.

You have the right to access and correct your PI.

Because PI is defined as any information that can be used to make judgements about your health, finances, character, habits, hobbies, reputation, career and credit, we take reasonable safety measures to protect the PI we have about you.

A more detailed state notice is available upon request. Please call the phone number printed on your ID card.

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

# Health care reform and your plan

## What's changing and when?

You've probably heard a lot of people talk about health care reform lately. But you may have questions about what it all means for you and your family – questions that even your news junkie neighbor can't answer.

Here's a quick summary of how the new law may affect your group health plan within the next year. Keep in mind that other employers' plans may have different rules. If you have questions about your specific benefits, call the customer service number on your member ID card or contact your group benefits administrator for a number to call.

### JOIN IN.

To share your thoughts and ask questions about health care reform, visit [healthychat.com](http://healthychat.com).

## When you enroll:

### You'll have a chance to add young adult dependents to your plan

The federal health care reform law allows children to stay on their parent's or guardian's health plan until their 26th birthday. In some states, dependents can stay on the plan even longer. To be eligible for this coverage, children do not need to be financially dependent on you for support, claimed as dependents on your tax return, residents of your household, enrolled as students or unmarried. If you have dependents younger than 26 who aren't on your plan now, you can add them to your plan during your next open enrollment. If your plan already covers dependents up to age 26, you don't have to do anything. They'll stay on your plan automatically.

## After your plan's effective date:

### Kids under 19 can get coverage even if they have health conditions

The law says group health plans and insurers can't have pre-existing condition exclusions for children under the age of 19. Healthcare.gov, a website run by the federal government, defines a pre-existing condition as "a condition, disability or illness (either physical or mental) that you have before you enrolled in a health plan." Very few group health plans deny coverage altogether because of pre-existing conditions. However, some plans still have waiting periods for members who have pre-existing conditions. A waiting period means certain benefits aren't available right away.

### You may have more flexibility in choosing doctors

This part of the law applies to you only if your plan requires you to select a primary care provider (PCP) and get referrals from your PCP to see a specialist. If you have this type of plan, you'll have the right to choose any primary care provider as your PCP, as long as the provider is in our network and will accept you or your family members. If your plan covers children, you may choose a pediatrician as their primary care provider. Also, you don't need prior approval from the plan or a referral from your primary care provider to get obstetrical or gynecological care from an in-network OB-GYN.

## Health care reform and your plan (continued)

### Your plan's dollar limits may change

In the past, plans could have a “lifetime maximum” – a dollar limit on what the plan will pay for health care services over your lifetime. If your plan had a lifetime maximum, it's gone now. However, you should know that other limits may still apply. For example, you may have limits on certain services that aren't considered “essential health benefits.” Also, you may have limits on how many times you can use a benefit during the year.

### WHAT'S NEXT?

**We don't want to overwhelm you, so this list only includes changes that may affect you within the next year. Other changes will take place through 2018, such as:**

- **Guaranteed coverage for people of all ages – not just children – regardless of their health**
- **Health insurance exchanges where people who buy individual coverage and people who work for small businesses can shop for a plan**
- **Information on your W-2 tax statement about how much your employer paid for your health plan**
- **Changes to make health care more affordable for people who have Medicare**

**If you want to know more, you can get the latest information about health care reform at [healthychat.com](http://healthychat.com).**

## Information on State of Ohio Dependent Age Law

In addition to the federal health care reform legislation that provides coverage for dependent children up to age 26 and will take effect at your employer's health plan's first renewal on or after September 23, 2010, the State of Ohio has enacted a new dependent age law effective upon your employer's health plan's first renewal on or after July 1, 2010. This Ohio law enables you to add eligible unmarried dependent children to your plan until the dependent child reaches 28 years of age if all of the following are true:

- The child is the natural child, stepchild or adopted child of the insured.
- The child is a resident of Ohio or a full-time student at an accredited higher education institution.
- The child is not eligible for employer-sponsored coverage.
- The child is not eligible for coverage under Medicaid or Medicare.

Under Ohio law, the dependent coverage options outlined above are effective for your health plan beginning with your next annual health insurance plan renewal on or after July 1, 2010. Dependents who would have or had previously aged off your plan who meet the above criteria can apply for coverage:

- When the child reaches the limiting age of their parent's policy;
- When the child experiences a change in circumstances – for example, if the child moves back to Ohio;
- During a special enrollment opportunity when the federal health care reform dependent age law becomes effective for your health plan; or
- During your employer's health plan's annual open enrollment.

Please note that the law does not require employers to pay any part of the premium for these older age dependents.

For more information about when your dependent child may be eligible, how to enroll them on your plan, and any additional cost that you may be responsible for, please contact your employer's Human Resources department.

## If you have a medical condition before joining our plan you may have to wait for coverage

Your Anthem Blue Cross Blue Shield (Anthem) health plan has a pre-existing condition exclusion. This means that if you have a medical condition that was diagnosed before coming to our plan, you might have to wait 12 months before your plan will pay for health care services related to that issue.

What are examples of pre-existing conditions?

- Health issues like asthma, heart disease, diabetes, etc.
- Health issues that a doctor told you that you have within the last six months.
- Health issues you have had health care treatment for in the last six months.

Waiting periods

There are two types of waiting periods:

- **If you didn't have health coverage before** coming to Anthem you may have to wait the whole 12 months.
- **If you did have health coverage before** coming to Anthem you may not have to wait. It depends on what type of coverage you had. If it has been less than 63 days since you had health coverage before starting with Anthem, you may be able to cut down your 12-month waiting period by the number of days you had coverage.

Note: If your employer requires a waiting period, you cannot have had a doctor diagnose a pre-existing condition on or before the day your waiting period begins.

So for example – if your waiting period on your new job begins on October 1 – any condition that's been diagnosed or treated for the six months up until September 30 would be considered a pre-existing condition. So you would have to be in a waiting period for coverage.

Other exceptions include:

- Being pregnant – you will not have to wait if you are pregnant
- If you are under age 19
- A child or children who are signed up for coverage within 31 days after birth, adoption or placement for adoption

## If you have a medical condition before joining our plan you may have to wait for coverage (continued)

If you had recent health coverage, follow these steps to show proof of that coverage.

- Check your last ID card from the company you had health coverage with to get the phone number or address.
- If your coverage was through your last job and you don't know how to reach the insurance company that covered you before, call the Human Resources phone number where you used to work.
- Check if you have a health plan booklet or other information about your coverage from that company. You may be able to find a phone number there. You can always call Anthem for help on how to do this.
- Once you have the contact information for the company that you had health coverage with, contact them.
- Ask them how to get a "certificate of creditable coverage" or other proof that you had health coverage with them.
- Once you get your "certificate of creditable coverage" from them, send it to our address on the back of your new Anthem ID card.

### **Need help?**

We're here for you. Call us at the phone number on the back of your Anthem ID card if you have questions about coverage for pre-existing conditions. If you don't have your ID card yet, contact your human resources department for the phone number.



**Once you're a member, it's easy to get answers to any questions about your health plan.**

**Just call the number on the back of your member identification (ID) card after you get it.**



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.