A guide to choosing your Anthem Blue Cross and Blue Shield health plan

Ivy Tech Community College of Indiana
Blue Access
Effective July 1, 2015
An Anthem Blue Cross and Blue Shield ID card means something

It means you have access to quality care from quality doctors. It means you can always get your questions answered. It means you have our support before you ever need health care. And that’s what this guide is for. We want you to have everything you need to make a good decision.
1. **You pay your deductible.** This is a set amount that you pay before your plan starts paying for covered services.

2. **After you meet your deductible, you and your plan share the cost of covered services.** You pay coinsurance (a percentage of the cost) each time you get care. Your insurance 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 health insurance that gets deducted from your paycheck? That’s your premium. 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. To see your actual costs, please refer to your plan information.
Choose a health plan that works for you

Invest in your health with the right health plan.

**PPO**

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

Visit anthem.com/PPObasics to watch a video explaining the basics of a PPO.

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

**HSA**

**Health Savings Account.** This is an account where you put money in and use the funds to pay for future health care—like your deductible and coinsurance. If you use up the funds before you reach your deductible, you pay for care until you reach the deductible. After that, your plan works much like a PPO — you pay a percentage of the cost for care until you reach your out-of-pocket maximum. People who don’t have a lot of health problems often end up not using all the money in their account. So they end up not paying anything out of pocket.

Visit anthem.com/HSAbasics to watch a video explaining the basics of an HSA.

The doctors, hospitals and other health care providers in our network have agreed to charge lower rates for our members.
Can I keep my current doctor?

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

To find out if your doctor is in our network, or to find a new doctor in our network, go to our Find a Doctor tool on 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 network that serves your plan. You can also use Find a Doctor on your smartphone.

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.

Is preventive care covered?

Yes, preventive care from a network provider 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 health care on the Web?

Yes. As soon as you become a member, you’ll be able to register at anthem.com. It’s designed to help you manage your health care and your coverage simply and conveniently. Many of our members find these self-service tools helpful:

- Check on your claims.
- Find a doctor.
- Track your health care spending.
- Compare quality and costs at hospitals and other facilities.
- Take your Health Assessment to learn about your health risks so you can address them.

Visit anthem.com/guidedtour to watch a video explaining how our website can help you.

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. Just go to anthem.com and click the Health & Wellness tab. Once you’re a member, you can log in and see more.

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

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

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.

ComplexCare — If you have a serious health condition or a number of health issues that need extra care, a nurse coach will help answer your questions, work to coordinate your care, and help you effectively use your health benefits.

Behavioral Health Resource — Work with licensed mental health professionals who are available 24/7 to help you deal with behavioral health issues.

How can my plan help me save money?

You’ll save money every time you go to a doctor in network — 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.
Cost and Quality — If you’re getting an imaging test (like an X-ray), a sleep test, colonoscopy or endoscopy, we’ll work with you and your doctor to give you choices so you can find quality facilities at low prices.
Your plan details
In this next section, you’ll find more information about your plan.
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.

<table>
<thead>
<tr>
<th>Covered Benefits</th>
<th>Network</th>
<th>Non-Network</th>
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</thead>
<tbody>
<tr>
<td>Deductible (Single/Family)</td>
<td>$1,250/$3,750</td>
<td>$10,000/$30,000</td>
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<tr>
<td>Out-of-Pocket Limit (Single/Family)</td>
<td>$3,500/$9,000</td>
<td>$20,000/$60,000</td>
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<tr>
<td><strong>Physician Home and Office Services (PCP/SCP)</strong></td>
<td>$25/$50</td>
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<tr>
<td>Primary Care Physician (PCP)/Specialty Care Physician (SCP)</td>
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<td>Including Office Surgeries and allergy serum:</td>
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<td>• allergy injections (PCP and SCP)</td>
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<td>• allergy testing</td>
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<td>• MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies</td>
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<td><strong>Inpatient Facility Services</strong> (Network/Non-Network combined) Unlimited days except for:</td>
<td><strong>Network</strong> $250 copay/25% Deductible applies</td>
<td><strong>Non-Network</strong> $250 copay/45% Deductible applies</td>
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<td>- 60 days Network/Non-Network combined for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis)</td>
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<td>- Physical Medicine Therapy Day Rehabilitation programs</td>
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<td>- Hospice Care</td>
<td>25%</td>
<td>25%</td>
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<tr>
<td>- Ambulance Services</td>
<td>25%</td>
<td>25%</td>
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<tr>
<td><strong>Outpatient Therapy Services</strong> (Combined Network &amp; Non-Network limits apply)</td>
<td><strong>Network</strong> $25/$50 25%</td>
<td><strong>Non-Network</strong> 45%</td>
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<tr>
<td>- Physician Home and Office Visits (PCP/SCP)</td>
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<tr>
<td><strong>Accidental Dental:</strong></td>
<td>Copayments/Coinsurance based on setting where covered services are received</td>
<td>45%</td>
</tr>
</tbody>
</table>
## Your Summary of Benefits

### Covered Benefits

#### Behavioral Health Services

- **Mental Illness and Substance Abuse**:
  - Inpatient Facility Services
  - Inpatient Professional Services
  - Physician Home and Office Visits (PCP/SCP)
  - Other Outpatient Services, Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional

<table>
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<tr>
<td>$250 copay/25%</td>
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<td>Deductible applies 25%</td>
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<tr>
<td>$25/$25</td>
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<table>
<thead>
<tr>
<th>Network</th>
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<tbody>
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<td>No copayment/coinsurance</td>
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</table>

#### Human Organ and Tissue Transplants

- Acquisition and transplant procedures, harvest and storage

<table>
<thead>
<tr>
<th>Network</th>
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<tr>
<td>Unlimited</td>
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### Lifetime Maximum

- Medical
- Surgical Treatment of Morbid Obesity

<table>
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<tr>
<th>Network</th>
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<tr>
<td>Unlimited</td>
<td>Not covered</td>
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### Notes:

- Prescription Drug deductibles/copayments/coinsurance are excluded in 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 where a copayment and coinsurance applies to other covered services and may not apply to some Behavioral Health services where coinsurance applies.
- 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.
- No copayment/coinsurance means no deductible/copayment/coinsurance up to the maximum allowable amount.
- 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.
- Certain diabetic and asthmatic supplies have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies except diabetic test strips.
- Benefit period = calendar year
- Mammograms (Routine and Diagnostic), Diabetic Education and Medical Nutritional Therapy are subject to the PCP/OV cost share in Network office and outpatient facility settings.
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Abortion coverage is limited to coverage in cases of rape or incest, or if it is necessary to avert the pregnant women’s death or irreversible impairment of a major bodily function.

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

### Pre-existing Exclusion Period: NONE

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.
Ivy Tech Community College of Indiana - Choice Plan  
Blue Access® for High Deductible Health Plan  
Effective 7/1/15

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<td><strong>Deductible</strong></td>
<td>Single: $1,750</td>
<td>Single: $3,500</td>
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<tr>
<td>Family coverage requires the family deductible to be met</td>
<td>Family: $3,500</td>
<td>Family: $7,000</td>
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<tr>
<td>before coinsurance applies. The single deductible does not apply to family coverage.</td>
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<tr>
<td><strong>Out-of-Pocket Limit</strong></td>
<td>Single: $3,300</td>
<td>Single: $7,000</td>
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<tr>
<td>Family: $6,550</td>
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<td>Family: $14,000</td>
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<td><strong>Physician Home and Office Services</strong></td>
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<td>Emergency Room Services (facility/other covered services)</td>
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## Covered Benefits

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<td>o Physical Medicine Therapy Day</td>
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<td>Rehabilitation programs</td>
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<td>o Hospice Care</td>
<td>15%</td>
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<td>Mental Illness and Substance Abuse¹:</td>
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<tr>
<td><strong>Lifetime Maximum</strong></td>
<td>Unlimited</td>
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- 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.
- Certain diabetic and asthmatic supplies have no deductible/copayment/coinsurance up to the maximum allowable amount at network pharmacies except diabetic test strips.
- Benefit period = calendar year
- Mammograms (Routine and Diagnostic), Diabetic Education and Medical Nutritional Therapy are subject to the PCP/OV cost share in Network office and outpatient facility settings.
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Abortion coverage is limited to coverage in cases of rape or incest, or if it is necessary to avert the pregnant women’s death or irreversible impairment of a major bodily function.

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

Pre-existing Exclusion Period: NONE

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate, and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.
14 smart ways Anthem members get more from their health plans

Tip #1: Ask about your choices for certain care
Hospitals have higher overhead costs, so they usually charge more for their inpatient and outpatient care. Many services can be done in a doctor’s office, surgery center or free-standing radiology center. This saves you out-of-pocket costs. You usually only pay your copay (a set amount of your share of the costs) instead of coinsurance (a percentage of the costs) for care you get in a doctor’s office or free-standing center.

Tip #2: Ask about your options for radiology services
We give your doctor quality and cost information for radiology centers in your area. This list can help you get the highest quality care at the lowest cost. Anthem radiology centers have been rated on many factors, including quality and cost. You and your doctor can use this list together to help you choose the right radiology center for you.

Tip #3: Use free-standing labs
You can usually visit a free-standing lab for things like blood and urine tests. This is another way you can lower your out-of-pocket costs.

Tip #4: Comparison shop with Anthem Care Comparison
Know how much a service will cost ahead of time. Anthem Care Comparison gives you side-by-side cost estimates for more than 160 procedures, such as knee replacement, childbirth and tonsillectomy. You can compare performance and safety ratings, too, with detailed quality data on inpatient services. Check out our demo at anthem.com.

Tip #5: Use urgent care or walk-in centers when it’s not life-threatening
Emergency Room (ER) care costs a lot more money and time than care you get in your doctor’s office, urgent care or walk-in center. So save the ER for true emergencies. For minor things like minor cuts and sprains, ear or throat infections, bronchitis and other non-life-threatening issues, you’ll usually get care faster — and pay lower copays and/or coinsurance — when you use your network doctor’s office, urgent care or walk-in center.

Tip #6: Shop around for the lowest drug costs
You can buy your prescription drugs from different places: local pharmacies, retailers, grocery stores and mail-order. Drug prices can vary quite a bit from place to place. You can save money by comparing costs before you fill your prescription.

Tip #7: Choose generic drugs
Generic drugs work just as well as brand-name drugs, but cost much less. The Food and Drug Administration (FDA) requires that brand and generic drugs have the same active ingredients, strength and dose. Ask your doctor if generics are available and right for you. If not, your doctor may know of other brand names that cost less.

Tip #8: Use over-the-counter drugs when you can
You don’t need a prescription for over-the-counter (OTC) drugs. They often have the same active ingredients as some prescription drugs but usually cost a lot less. OTC allergy and heartburn medicines are good examples. Just make sure to ask your doctor if it’s okay to swap your prescription drug for an OTC medicine.
Tip #9: Look into our special pharmacy programs

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

- Use our Half Tablet program to save money without changing drugs. Instead, you get your current medicine prescribed twice as strong, then and use a tablet splitter to cut the tablet in half. You can save up to 50% off your typical copay with this program.
- Use our GenericSelect program the first time you use certain generics by mail order. We’ll waive your first copay for up to a 90-day supply.

Tip #10: Get preventive care

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

Tip #11: Keep an eye on your EOB

You’ll get an Explanation of Benefits (EOB) whenever you get care. It’s like your personal claim and coverage report. When you get one, make sure it’s right and only lists care you received. Remember, you only have to pay a copay for network preventive care or lab work. If you’re ever unsure about a charge, call the customer service number on your Anthem ID card and we’ll help clear things up.

Tip #12: Take advantage of health and wellness programs at no extra cost

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

Tip #13: Use network doctors and hospitals

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

Three quick ways to find network care:

1. Type anthem.com into your smartphone browser to use our easy mobile app.
2. Log onto anthem.com and click Find a Doctor.
3. Call the member services number on your Anthem ID card.

Tip #14: Find health information at anthem.com or Anthem customer service

At anthem.com, you’ll find plenty of expert information to help you stay on top of your health care options, costs and ways to improve your health. Take a few moments, explore the website and learn more. You can also call customer service for more help.

Register today at anthem.com
Explore our members-only site to learn more about your health care options, costs and ways to help take control of your health.
Our PPO

Our PPO is a preferred provider organization (PPO) health care benefit plan. PPOs use a network of hospitals and doctors. With our PPO, you have the choice to see any provider you wish, but your benefits cover more when you use in-network doctors and hospitals.

BlueCard PPO

But what happens if you travel out of state? That’s where the BlueCard PPO program comes in. BlueCard PPO lets you see providers across the country. In fact, more than 90% of hospitals and 80% of doctors across the U.S. contract with Blue Cross and Blue Shield plans.¹

As a PPO member, you pay less out of your pocket — and we cover more — when you get care from Blue plan in-network doctors and hospitals.

Coast-to-coast coverage

Doctors and hospitals across the country recognize the “PPO-in-a-suitcase” symbol on your member ID card. It shows that you are a BlueCard PPO member so you can use your PPO benefits wherever you live and whenever you travel.

Seeing a PPO provider is easy

Finding a PPO health care provider is easy. Simply call the number on the back of your ID card to get the names and addresses of the nearest BlueCard PPO providers. You can also search for doctors and hospitals by going to anthem.com and using the “Find a Doctor” tool.

Picking an in-network doctor makes life easier

While you can pick an in-network or non-network doctor each time you need care, seeing an in-network doctor you trust means:

- Better coordination of your care
- Spending less money out of your pocket
- Less forms and paperwork to fill out

Is it an emergency or urgent care?

To get the most out of your benefits, you should know the difference between an emergency and urgent care. It’s important to know what steps to take, so you’re ready if you have an emergency or need urgent care.

Emergency care

Emergencies are medical conditions that are a serious risk to your health. Here are a few questions to ask yourself:

- Are my symptoms severe and/or life-threatening?
- Did they happen all of a sudden and without any warning?
- Is there a lot of bleeding, extreme pain, shortness of breath or broken bones?
- Using my best judgment, do I believe there may be serious impairment to bodily functions or serious dysfunction of a bodily organ/part without getting medical care right away?

If you answered “yes” to any of these questions, call 911 or go to the nearest emergency room.

Urgent care

While both urgent and emergency care situations are serious, urgent care is for medical symptoms, pain or conditions that need immediate medical attention, but are not severe or life-threatening and do not require you to go to a hospital or ER.

Urgent care conditions include, but are not limited to:

- Earaches
- Sore throats
- Rashes
- Sprained ankles
- The flu
- Fevers not higher than 104°
Take your benefits with you when you travel

Your ID card, with the "PPO-in-a-suitcase" symbol, is your key to getting your benefits and saving money.

By following the steps in the box at the right, your PPO health care benefits stay with you across the country.

Precertification: the most important step

Precertification is when you need approval from us before receiving certain care and services. Precertification helps you to:

- Get care in the right place
- Meet your plan’s rules for what is medically necessary care

Have your provider call us if precertification is required. Prior to the procedure, make sure you call the Member Service number on the back of your ID card to confirm the precertification has been applied.

Emergency care

Precertification is not required for emergency treatment or admissions. However, authorization is still required. You or a family member must tell us within 24 hours (48 hours for members in Indiana), or as soon as reasonably possible. If you do not let us know, we will not pay for services that we find are not medically necessary.

For more information or to determine if your service or equipment requires precertification, please call the Member Service number on the back of your member ID card.

We’re here to help

If you have questions or need help, please call Customer Service. Our number is on your ID card. We’re here to help you get the most from your health care benefits.

Your steps to coast-to-coast care

1. Always carry your current ID card.
2. When you need health care, call the number on your ID card to find the nearest BlueCard PPO doctors or hospitals.
3. You must call us for precertification. Use the phone number on your ID card.
4. When you are at the doctor’s office or the hospital, show them your ID card and the doctor or hospital will check to make sure you are a member and verify your benefits.
5. After you get medical care, your claim is sent to us electronically for processing.
6. Your in-network BlueCard PPO doctors and hospitals are paid directly, so you have less to worry about. You will normally only need to pay for out-of-pocket costs (noncovered services, deductible, copayment or coinsurance).
   We will send you a detailed Explanation of Benefits (EOB) that will show what you need to pay out of your pocket.

1 Blue Cross and Blue Shield Association, About the Blue Cross and Blue Shield Association (accessed May 2011): bcbs.com/about/

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Access your network of doctors and manage your benefits in a way that’s convenient for you.

Get our mobile app or view the same information from your tablet and computer.

1. **Forget your ID card? We have an app for that.** You’ll get access to an electronic version of your ID card when you download our app to your smartphone. You also can:
   - Find a doctor or urgent care center and get driving directions there.
   - Refill a prescription, locate a network pharmacy, compare drug costs, switch to home delivery, and more.
   - Get cost estimates and provider ratings for the procedures you need.

2. **Don’t like to download? No problem.** You can view our mobile website using the web browser on your smartphone. You’ll get many of the same features we offer on our mobile app.

3. **Prefer the traditional website experience?** Access the full anthem.com website from your tablet or home computer.

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**Download the Anthem app**
If you have an Apple or Android device, you can:

1. Go to the Apple Store or Google Play.
2. Search for Anthem Blue Cross and Blue Shield.
3. Select the app and start the free download.

To log in and use our app, you must be registered on our secure member site and have a username and password.

If you’re a member of Anthem Blue Cross and Blue Shield but haven’t registered, go to anthem.com from your computer and select Register Now.
24/7 NurseLine
Always here for you

Health concerns can happen when you least expect them. You might be on vacation or even on a business trip. Or your child may have a fever in the middle of the night. But there’s somewhere you can turn for help any time of the day or night.

Call the 24/7 NurseLine to talk with a registered nurse about your health concern. Whether it’s a question about allergies, fever, types of preventive care or any other topic, nurses are always there to provide support and peace of mind. And, if you want, a nurse will call you later to see how you’re doing.

Our nurses can help you choose the right place for care if your doctor isn’t available and you aren’t sure what to do. Do you need to head straight to the emergency room? Is urgent care best? Or do you need to see your doctor? Making the right call can save you time and money – and give you access to the best possible care.

Do you speak Spanish or another language other than English? We have Spanish-speaking nurses and translators on call. TTY/TDD services are available, too.

If you’d prefer not to talk about your health concern over the phone, the AudioHealth Library might be for you. These helpful prerecorded messages cover more than 300 health topics in English and Spanish. Just call the 24/7 NurseLine number and choose the AudioHealth Library option.

Health questions?

24/7 NurseLine is always here for you.
Call toll free at 888-279-5449.
85% of members like you would recommend 24/7 NurseLine to others.
Nine months. Many questions.
Future Moms can help — any time, any day

Having a healthy baby is every mom’s goal. And it starts with a healthy pregnancy. You want to make the right choices and take care of yourself so you can reach that goal. But it’s not always easy to do it alone.

That’s why there’s Future Moms. It’s a program that can answer your questions, help you make good choices and follow your health care provider’s plan of care. And it can help you have a safe delivery and a healthy child.

Sign up as soon as you know you’re pregnant. Just call us toll free at 888-279-5449. One of our registered nurses will help you get started. You’ll get:

- A toll-free number you can use to talk to a nurse coach any time, any day, about your pregnancy. A nurse may also call you from time to time to see how you’re doing.
- A book that shows changes you can expect for you and your baby during the next nine months.
- A screening to check your health risk for depression or early delivery.
- Other useful tools to help you, your doctor and your Future Moms nurse keep track of your pregnancy and help you make healthier choices.
- Free phone calls with pharmacists, nutritionists and other specialists, if needed.
- A booklet with tips to help keep you and your new baby safe and well.
- Other helpful information on labor and delivery, including options and how to prepare.

It’s easy to join
Sign up for Future Moms by calling us toll free at 888-279-5449. There’s no extra cost to you.

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MINSH1311A Rev. 06/14
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.1 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)

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Haemophilus influenza type b (Hib)
- Hepatitis A and Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- 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
- Vision screening2 when done as part of a preventive care visit
- 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 met6
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling (female)2,4
- 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 screening4
- 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 HIV4
- 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
- Hearing screening
- Height, weight and BMI
- HIV screening and counseling
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and PSA test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- 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)
Staying healthy and “making it work”

ConditionCare supports employees with chronic conditions

More than 75% of health care costs are due to chronic conditions. And poor lifestyle habits may complicate these health problems.

With ConditionCare, members get personalized, one-on-one support straight from a nurse to help them better manage chronic conditions. They also get information and tools to help them avoid unnecessary emergency room visits, hospital stays and time away from the job. It’s the expert guidance people need to live healthier with a long-term health condition.

ConditionCare helps employees deal with:

- Asthma
- Diabetes
- Chronic obstructive pulmonary disease (COPD)
- Coronary artery disease
- Heart failure

ConditionCare Nurse Care Managers are supported by a team of dietitians, social workers, pharmacists, health educators and other health professionals. They work with members to help them:

- Understand their condition.
- Avoid health complications.
- Follow their doctor’s orders and take their medicine properly.
- Adopt healthier behaviors to better manage their condition.
- Answer questions between doctor visits.
- Coordinate their care.
- Get help for depression, if needed.

A personal “blueprint” for health

The Nurse Care Manager typically starts with a quick health assessment to find health risks and tailor the program to best meet the member’s needs. Based on those results and the doctor’s plan of care, a personalized Health Chart is created with member specific goals and action steps. The Nurse Care Manager will be there from start to finish to help the member make healthy changes.

Ninety-one percent of members who spoke to a Nurse Care Manager gave an excellent rating to their ConditionCare experience.¹

ConditionCare reports a return on investment of at least $2:$1 or better.²

¹ Internal Health and Wellness Solutions Member Satisfaction Study (high-risk participants). Q3 2013.
² Internal Health and Wellness Solutions data study and Actuarial validation. 2009.
Managing health care costs starts with helping those who need it the most. ComplexCare reaches out to members with various health care issues who are at risk for frequent and high levels of medical care.

We support and help these members take care of their health care needs. Members who sign up for this program may have major orthopedic, heart, nerve or cancer-related health issues.

ComplexCare is staffed by nurse care managers trained in helping higher-risk patients. The nurse care manager will work with the member and the treating doctor to make a personal nursing care plan.

The nursing care plan creates personal goals for members to help them improve their health. Members will have a nurse care manager who will offer:

- Personal attention, goal planning, and health and lifestyle coaching
- Ways to aid self-management skills and drug adherence
- Resources to answer health-related questions for certain treatments
- Access to other needed medical management programs
- Depression screening with referral to our behavioral health services as needed
- Coordination of care between many providers and services

*Results gained from the study of a large client representing 1.4 million members (WellPoint Study, 2010). Client-specific results may vary.

ComplexCare uses predictive modeling on claims to find members with serious health problems. Then we reach out to them with help. We also find members through:

- Health risk assessment data
- Utilization management reports
- Referrals from a doctor or one of our other programs, such as the 24/7 NurseLine

Members report very positive experiences with ComplexCare, including:

- Eighty-seven percent of ComplexCare members say they are “satisfied” or “very satisfied” with the program.
- Ninety-four percent of ComplexCare members say they had an excellent experience talking with a nurse care manager.

Source: WellPoint Study, 2013 Member Satisfaction Study for ComplexCare

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Every year, we’re required to send you specific information about your rights, your benefits and more. This can use up a lot of trees, so we’ve combined a couple of these required annual notices. Please take a few minutes to read about:

- State notice of privacy practices
- HIPAA notice of privacy practices
- Breast reconstruction surgery benefits

Want to save more trees? Go to anthem.com and sign up to receive these types of notices by e-mail.

**State notice of privacy practices**

As mentioned in our Health Insurance Portability and Accountability Act (HIPAA) notice, we must follow state laws that are stricter than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law. This applies to life insurance benefits, in addition to health, dental and vision benefits that you may have.

**Your personal information**

We may collect, use and share your nonpublic personal information (PI) as described in this notice. PI identifies a person and is often gathered in an insurance matter. 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 judgments 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.

**HIPAA notice of privacy practices**

This notice describes how health, vision and dental information about you may be used and disclosed, and how you can get access to this information with regard to your health benefits. Please review it carefully.

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 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:** In most cases, if we use or disclose your PHI outside of treatment, payment, operations or research activities, we must get your OK in writing first. We must receive your written OK before we can use your PHI for certain marketing activities. We must get your written OK before we sell your PHI. If we have them, we must get your OK before we disclose your provider’s psychotherapy notes. Other uses and disclosures of your PHI not mentioned in this notice may also require your written OK. You always have the right to revoke any written OK you provide. 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 if 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 with coroners, funeral directors or medical examiners (about decedents). PHI can also be shared with organ donation groups for certain reasons, 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. If your employer pays your premium or part of your premium, but does not pay your health insurance claims, your employer is not allowed to receive your PHI — unless your employer promises to protect your PHI and makes sure the PHI will be used for legal reasons only.

**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:** We cannot use or disclose PHI that is an individual’s genetic information for underwriting.

**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 him or her 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. Call Customer Service at the phone number printed on your identification (ID) card to use any of these rights. Customer Service representatives 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.
- Right to a restriction for services you pay for out of your own pocket: If you pay in full for any medical services out of your own pocket, you have the right to ask for a restriction. The restriction would prevent the use or disclosure of that PHI for treatment, payment or operations reasons. If you or your provider submits a claim to Anthem, Anthem does not have to agree to a restriction (see Your Rights section above). If a law requires the disclosure, Anthem does not have to agree to your restriction.
How we protect information

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

We have to keep your PHI private. If we believe your PHI has been breached, we must let you know.

We keep youroral, 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 securing offices that hold PHI, password-protecting computers, and locking storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. These 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 nonaffiliates 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. Representatives 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.

Effective date of this notice

The original effective date of this Notice was April 14, 2003. The most recent revision date is indicated in the footer of this Notice.

Breast reconstruction surgery benefits

If you ever need a benefit-covered mastectomy, we hope it will give you some peace of mind to know that your Anthem 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. Contact your Plan administrator for more information.
How we protect our members

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.

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.

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.
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.