



City of Manitowoc
Medical & Dental Open Enrollment
Effective 01/01/2017
Anthem Blue Cross Blue Shield

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.

Your plan details

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

Your Summary of Benefits



CITY OF MANITOWOC

Blue Cross Blue Shield®

Effective 01/01/2019

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

Covered Benefits	Network	Non-Network
Deductible (Single/Family)	\$1,500/\$3,000	\$3,000/\$6,000
Medical Out-of-Pocket Limit (Single/Family)	\$3,600/\$7,200	\$7,200/\$14,400
Physician Home and Office Services (PCP/SCP) Primary Care Physician(PCP)/Specialty Care Physician (SCP) Including Office Surgeries and allergy serum:	\$30 / \$50	30%
· Allergy injections (PCP and SCP)	10%	30%
· Allergy testing	10%	30%
· MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds and Pharmaceuticals	10%	30%
Preventive Care Services Services included but not limited to: Routine medical exams, Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Hearing screenings and Vision screenings which are limited to Screening tests (i.e. Snellen eye chart) and Ocular Photo screening. · Childhood Immunizations through age 18	No Cost Share	30%
Emergency and Urgent Care		
· Emergency Room Services (facility/other covered services) (copayment waived if admitted)	\$200 / 10%	\$200 / 10%
· Urgent Care Center Services	\$75	30%
· MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, Non-Maternity related Ultrasounds and Pharmaceuticals	10%	30%
· Allergy injections	10%	30%
· Allergy testing	10%	30%
Inpatient and Outpatient Professional Services Include but are not limited to: · Medical Care visits, Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams	10%	30%
Inpatient Facility Services Unlimited days except for: · 60 days Network/Non-Network combined for physical medicine / rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) · 60 days per admission Network/Non-Network combined for skilled nursing facility	10%	30%
Outpatient Surgery Hospital / Alternative Care Facility · Surgery and administration of general anesthesia	10%	30%
Other Outpatient Services (including but not limited to): · Non Surgical Outpatient Services For example: MRIs, C-Scans, Chemotherapy, Ultrasounds and other diagnostic outpatient services. · Home Care Services (Network/Non-network combined) 100 visits (excludes IV Therapy) · Durable Medical Equipment, Orthotics, and Prosthetics · Physical Medicine Therapy Day Rehabilitation programs · Ambulance Services	10%	30%
	10%	10%

In Wisconsin, Blue Cross Blue Shield of Wisconsin ("BCBSWI") underwrites or administers the PPO and indemnity policies; Comcare Health Services Insurance Corporation ("Comcare") underwrites or administers the HMO policies; and Comcare and BCBSWI collectively underwrite or administer the POS policies. Life and disability benefits are underwritten by Anthem Life Insurance Company (ALIC). BCBSWI, Comcare and ALIC are independent licensees of the Blue Cross and Blue Shield Association. ®Registered marks Blue Cross and Blue Shield Association.

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Your Summary of Benefits



CITY OF MANITOWOC

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Effective 01/01/2019

Covered Benefits	Network	Non-Network
Outpatient Therapy Services (Combined Network & Non-Network limits apply) <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility Speech therapy Physical therapy Occupational therapy Accidental Dental Coverage Pulmonary Rehabilitation Limits apply to: <ul style="list-style-type: none"> Cardiac Rehabilitation: 36 visits 	\$30 / \$50 10%	30% 30%
Behavioral Health Services: Mental Health and Substance Abuse <ul style="list-style-type: none"> Inpatient Facility Services Physician Home and Office Visits Other Outpatient Facility Services 	Benefits provided in accordance with Federal Mental Health Parity	30% 30% 30%
Human Organ and Tissue Transplants(1) <ul style="list-style-type: none"> Acquisition and transplant procedures, harvest and storage. 	No Cost Share	50%
Prescription Drugs: Tier Structure includes 1 / 2 / 3 / 4 Pharmacy Out-of-Pocket Limit <ul style="list-style-type: none"> Network Retail Pharmacies: <ul style="list-style-type: none"> (30 day supply) Includes diabetic test strip Home Delivery <ul style="list-style-type: none"> (90 day supply) Includes diabetic test strip Specialty medications are limited to a 30 day supply regardless of whether they are retail or home delivery. <ul style="list-style-type: none"> Member may be responsible for additional cost when not selecting the available generic drug. Specialty Medications must be obtained via our Specialty Pharmacy network in order to receive network level benefits. 2 fills permitted at retail. 	\$2,500/\$5,000 \$10 / \$40 / \$60 / 20% to \$125 max (min \$75) \$20 / \$80 / \$120 / 20% to \$125 max (min \$75)	\$2,500/\$5,000 50% , min \$90 (2) Not Covered

Notes:

- All medical and prescription drug deductibles, copayments and coinsurance apply toward the out-of-pocket maximum (excluding Non-Network Human Organ and Tissue Transplant (HOTT) Services).
- Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance.
 - Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
 - Dependent age: to the end of the month in which the child attains age 26.
 - Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYN's, Geriatrics and Chiropractors 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 Cost Share 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.
 - Chiropractor Services are subject to the PCP cost share.

In Wisconsin, Blue Cross Blue Shield of Wisconsin ("BCBSWi") underwrites or administers the PPO and indemnity policies; Comcare Health Services Insurance Corporation ("Comcare") underwrites or administers the HMO policies; and Comcare and BCBSWi collectively underwrite or administer the POS policies. Life and disability benefits are underwritten by Anthem Life Insurance Company (ALIC). BCBSWi, Comcare and ALIC are independent licensees of the Blue Cross and Blue Shield Association. ®Registered marks Blue Cross and Blue Shield Association.

Your Summary of Benefits



CITY OF MANITOWOC

Blue Cross of WI

Effective 01/01/2019

- *Benefit period = Calendar Year*
 - *Hospital stay for Maternity Coverage will not be limited to less than 48 hours for a vaginal delivery or 96 hours for a caesarean section*
 - *Mammograms (diagnostic) have no copayment/coinsurance up to the maximum allowable amount in Network office and outpatient facility settings.*
 - *Behavioral Health: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.*
 - *Preventive Care Services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits are covered.*
 - *Hospice: No copayment/coinsurance up to the maximum allowable amount*
- (1) Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.*
- (4) Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.*

This is only a summary of your benefits for illustrative purposes; should there be any disagreement between this document and the contract, the contract will prevail.

CITY OF MANITOWOC

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Exclusions

Your Plan does not provide coverage for the following: · Services that are not Medically Necessary. · Experimental/Investigative Services. · Complications directly related to a service or treatment that is a non Covered Service under this Certificate because it was determined by Us to be Experimental/ Investigative or non Medically Necessary. · Services received from a non-covered Provider. · For any condition arising out of and in the course of employment if benefits are available under any Worker's Compensation Act or other similar law. · Services provided by any governmental unit, unless otherwise required by law. · For any illness or injury that occurs while serving in the armed forces, including as a result of any act of war, whether declared or undeclared. · For a condition resulting from direct participation in a riot, civil disobedience, nuclear explosion, or nuclear accident. · For court ordered testing or care unless Medically Necessary. · For which you have no legal obligation to pay in the absence of this or like coverage. · For any Pre-Existing Condition for the time period specified in the Certificate. · Charges that are not documented in Provider records. · For mileage, lodging, and meals costs, and other Member travel related expenses, except as authorized by Us or specifically stated as a Covered Service. · For which benefits are payable under Medicare. · Charges in excess of Our Maximum Allowable Amounts. · Incurred prior to your Effective Date or after coverage ends. · For any procedures, services, Prescription Drugs, equipment, or supplies provided in connection with cosmetic services. This does not apply to services required as a result of an accident, to correct a birth defect, or as part of breast reconstruction following a mastectomy. Complications directly related to cosmetic services treatment or surgery are also not covered. · For maintenance therapy, which is treatment given when no additional progress is apparent or expected to occur. · Custodial Care, convalescent care or rest cures. · Care provided or billed by residential treatment centers or facilities, unless those centers or facilities are required to be covered under state law. · For dental treatment, regardless of origin or cause, except as specified in the Certificate. · Weight loss programs except as specifically listed in the Certificate. · For bariatric surgery, regardless of the purpose it is proposed or performed for. Complications directly related to bariatric surgery are also not covered. · For marital counseling. · For prescription, fitting, or purchase of eyeglasses or contact lenses except as otherwise specifically stated in the Certificate. · For hearing aids or examinations for prescribing or fitting them. This exclusion does not apply to hearing aids or examinations required for children under age 18 who are receiving the benefits described in the "Covered Services" section. · For testing or treatment related to infertility. · For personal hygiene, environmental control, or convenience items including but not limited to air conditioners, physical fitness equipment, or charges from a health spa or similar facility. · For care received in an emergency room that is not Emergency Care, except as specified in the Certificate. · For eye surgery to correct errors of refraction, such as near-sightedness, including without limitation LASIK, radial keratotomy or keratomileusis, or excimer laser refractive keratectomy. · For Private Duty Nursing Services rendered in a Hospital or Skilled Nursing Facility. · Nutritional or dietary supplements. · For (services or supplies related to) alternative or complementary medicine, including but not limited to acupuncture, holistic medicine, hypnosis, massage therapy, and neurofeedback. · Treatment of varicose veins or spider veins. · Services for, and related to, many forms of immunotherapy including oral immunotherapy, low dose sublingual immunotherapy, and immunotherapy for food allergies. · Spinal decompression devices. This includes, but is not limited to, Vertebral Axial Decompression (Vax-D) and DRX9000. · Prescription Drugs dispensed by any Mail Service program other than Our Mail Service, unless prohibited by law. · Drugs in quantities exceeding the quantity prescribed, or for any refill dispensed later than one year after the date of the original Prescription Order. · Drugs not approved by the FDA. · Drugs not requiring a Prescription by federal law (including Drugs requiring a Prescription by state law, but not by federal law), except for injectable insulin. · Drugs in quantities that exceed the limits established by the Plan, or which exceed any age limits established by Us. · Drugs to eliminate or reduce dependency on, or addiction to tobacco and tobacco products.

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:"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.

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)
- 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

Immunizations:

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

Women's preventive care

- Well-woman visits
- Breast cancer, including exam, mammogram, and, including genetic testing for BRCA 1 and BRCA 2 when certain criteria are met⁶
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling (female)^{3,4}
- 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 vision²
- 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)

¹ The range of preventive care services covered at no cost share when provided in-network are designed to meet the requirements of federal and state law. The Department of Health and Human Services has defined the preventive services to be covered under federal law with no cost share as those services described in the U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by the Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your certificate of coverage or call the Customer Care number on your ID card.

² Some plans cover additional vision services. Please see your contract or Certificate of Coverage for details.

³ Breast pumps and supplies must be purchased from an in-network medical provider for 100% coverage; we recommend using an in-network durable medical equipment (DME) supplier.

⁴ This benefit also applies to those younger than 19.

⁵ A cost share may apply for other prescription contraceptives, based on your drug benefits.

⁶ Check your medical policy for details.

Now you can get the health care you need without all the hassle.

Have a health question? Under the weather? With LiveHealth Online, you don't have to schedule an appointment, drive to the doctor's office, and then wait for your appointment. With LiveHealth Online, you don't even have to leave your home or office.

LiveHealth Online lets you talk to doctors online by video conference. Doctors can answer questions, make a diagnosis, and even prescribe basic medications when needed.

Why not start a conversation now? All you have to do is register at LiveHealthOnline.com and you're ready to go. There is no cost to sign up.

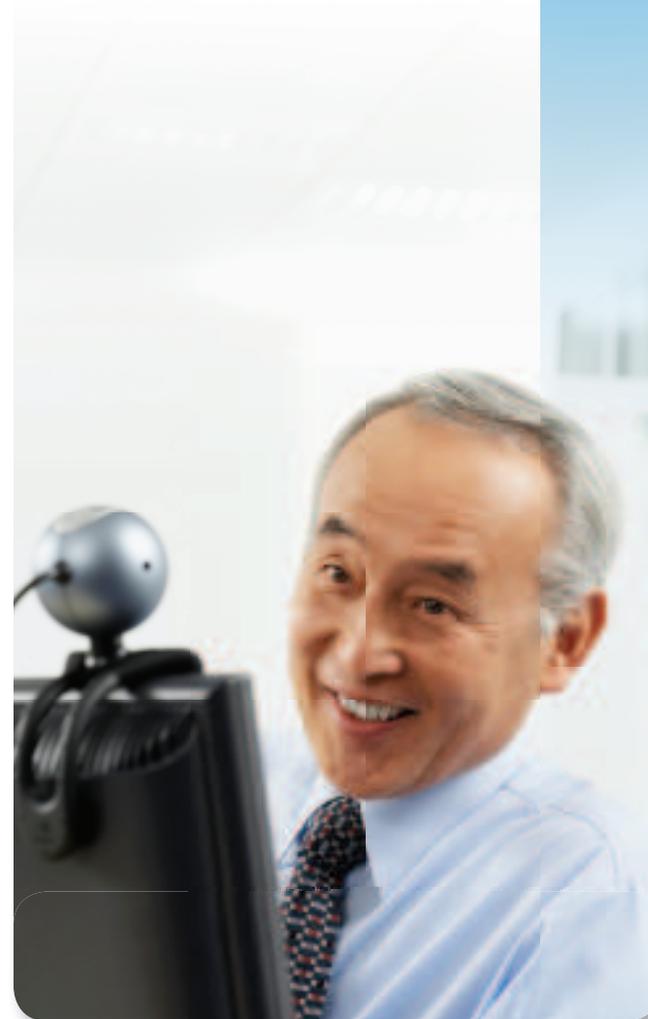
Your health plan covers part of the cost to see a doctor online. Just enroll for free at LiveHealthOnline.com, set up a personal account and choose a doctor to determine your cost. Or you can pay the full cost to see a doctor without enrolling. That means you won't be able to use your health plan benefits that cover part of the cost to see a doctor.

Here's to your health!

When can you use LiveHealth Online?

As always, you should call 911 with any emergency. Otherwise, you can use LiveHealth Online whenever you have a health concern and don't want to wait. Some of the most common uses we see include:

- Cold and flu symptoms such as a cough, fever and headaches
- Allergies
- Sinus infections
- Family health questions



How to use LiveHealth Online on your mobile device



What you need

First, make sure your mobile device has:

- The LiveHealth Online mobile app installed (see the links to the right).
- A front-facing camera that supports two-way video visits.
- A high-speed Internet connection.

For **iPhone, iPad or iPod** devices, you need an:

- iOS operating system.
- iPhone[®] 4S or later model.
- iPad[®] 2 or later model.
- iPad Mini.
- iPad Air.
- iPod[®] Touch 5th generation.

For **Android devices**, you need an:

- Android phone (Gingerbread v2.3.3 or above).
- Android tablet (Gingerbread v2.3.3 or above).

Keep in mind, we don't support the HTC myTouch and PantechP9070.

Download the app

Search for LiveHealth Online in the App StoreSM or on Google PlayTM:



Get started

1. Open the app.
2. Create a six-digit pin number. You'll need this number every time you use our app.
3. Fill out the *Tell Us About Yourself* page.

If you do not already have an account, we'll create one for you and e-mail you instructions on how to use LiveHealth Online. If you've already signed up, we'll find your account. Then, you'll need to pair your device with your web account.



Pair your account with your device

1. Choose **E-mail Me My Code**. We'll send a pairing code to the e-mail address you first signed up with or to the e-mail address in your profile.
2. Find your code in your e-mail.
3. Go back to our app and enter **your pairing code**. You'll be brought to your LiveHealth Online account.

If you don't know your e-mail address, call customer support or log into your LiveHealth Online account. Click **My Account**. Your e-mail address is under *My Profile*. Keep in mind, your pairing code will expire after 20 minutes.

Connect to Wi-Fi

Sign into a wireless connection to enjoy the best possible video quality. If you're using a wireless connection with a weak signal, you may have problems with your video or sound.

LiveHealth Online at work

Some workplaces have security measures that may prevent you from using our service on your mobile device. If this is the case, we'll send you a message after you enter your six-digit pin number to let you know our service isn't available. If this is the case, try talking with one of our doctors using your home wireless connection.

Talk with a doctor

1. Choose the doctor you'd like to talk to.
2. Click **Talk Now**.
3. Enter **your phone number**. This way, if your visit is interrupted for any reason, your doctor can call you back. He or she can also follow up with you after your visit.

Send a message to your doctor

1. Tap the **Message button** on your *doctor's profile page*.
2. Attach a photo, if you would like. This might be helpful for some health issues (bruises, cuts and rashes).
3. Send your secure message.

Keep in mind, your doctor may not read your message right away. We encourage you to talk to your doctor directly if you're seeking treatment. Also, it's important to call 911 if your health issue is an emergency.

LiveHealth[®]
O N L I N E



Your prescription drug plan

Answers you need.
From a name you can trust.

Medical and pharmacy benefits that work together

Our drug plan is about more than processing claims and helping you get your medicine. It's about looking at you as an individual. Because we know people are more than their prescriptions — they have lives. And we're here to help you live a healthier life.

We've designed programs to help you get the most from your drug plan. And, best of all, they don't cost you extra. Depending on your plan, you may get tips for managing a health condition. Letters about drug safety. Or coupons for health and wellness products.

We can help you save money by suggesting low-cost generic drugs. Save you a trip to the doctor by telling you about over-the-counter options. Or even save you from driving to the pharmacy by having medicine sent right to your home.

We think that helping you access the right drugs — in a convenient, affordable way — is one of the best ways to help you stay healthy.

Our drug list

Our drug list (sometimes called a formulary) is a list of prescription drugs covered by your plan. It's made up of hundreds of brand-name and generic drugs.

Through detailed research, we find high-quality drugs with the best success rates. And we choose products for the drug list that are safe, work well and offer the best value. We think it's important to cover drugs that help people stay healthy so they can work, go to school, and continue the activities of a busy life.

Sometimes we update the drug list when new drugs come to market or if new research becomes available. To view the current list, visit [anthem.com](https://www.anthem.com). Select **Customer Support**. Select your state, then select **Forms Library**.

You'll find the drug list on this page. If you don't have access to a computer, you can check the status of a drug by calling Customer Service at the phone number on your member ID card.

Retail pharmacies

Our retail pharmacy network includes more than 68,000 plus (and possibly growing) pharmacies across the country. That means you have access to your prescriptions wherever you are — at home, work or even on vacation.

The network includes most chains and some local, independent pharmacies.

To make sure your pharmacy is in our network, visit [anthem.com](https://www.anthem.com). Select **Prescription Benefits** and sign in. On the *Pharmacy* page, select **Locate a Pharmacy**.

You'll get the most from your drug plan by using pharmacies in our network. Simply show your member ID card when picking up your prescription and you'll only have to pay your share of the cost. Choosing a pharmacy out of the network means you'll pay the full cost of your drug. Then, you will need to submit a claim form to be repaid (depending on your plan). To access the form, visit [anthem.com](https://www.anthem.com).

- Choose **Prescription Benefits** and log in. Then select the **Benefit Highlights** link. You will be directed to the Express Scripts website.
- Hover over the Health & Benefits Information link. In the resulting menu, choose **Print Forms**. On this page, choose the link to print a retail prescription form online.

Check out [anthem.com](https://www.anthem.com)

Our website provides health and pharmacy information, right at your fingertips. So you can get the most from your drug plan. Simply log in to get started. Some features vary by plan, but with most plans you can:

- View your drug claims history.
- Confirm your copays (or coinsurance).
- Check your out-of-pocket costs.
- Order refills of home delivery and specialty drugs.
- Look up drug information.

While viewing some of your pharmacy information on [anthem.com](https://www.anthem.com), you may be directed to the Express Scripts website. Express Scripts is the company that manages your drug plan. The first time you're directed to their site, you'll be asked to register. This brief process sets your privacy and email preferences. You'll only have to do this once.

The only way to make sure you're viewing your pharmacy information correctly is by logging in to [anthem.com](https://www.anthem.com) first.

Home delivery pharmacy

Home delivery is for people who take medicine on an ongoing basis. Our preferred home delivery pharmacy, managed by Express Scripts, sends you the medicine you need, right to your door. As a home delivery customer, you'll also enjoy free standard shipping, access to pharmacists for drug questions, and much more.

How to get started

Log on to your health plan's website (register at your health plan website if you haven't done so):

1. Select **Prescription Benefits** in the *Useful Tools* box.
2. Select **Start a New Prescription**. This takes you to the Express Scripts website. You can find out how to:
 - Print an order form to mail in with your prescription.
 - Print a fax form to take to your doctor to fax in your prescription.
 - See how much your medicine will cost.

Need help?

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

Get support from our specialty pharmacy

Accredo, the Express Scripts specialty pharmacy, is an in-network specialty pharmacy for many members when they use the pharmacy benefit. Accredo provides medicine and support for people with complex and long-term conditions. Specialty drugs come in different forms like pills or liquids. And some need to be injected, infused or inhaled. These drugs often need special storage and handling and may be given to you by a doctor or nurse.

Accredo's programs help people with many complex conditions. These programs teach you about treatment for your condition and help you understand and cope with drug side effects. Nurses and pharmacists will even set up time with you to find out how you are doing.

By phone: Call 1-800-870-6419, Monday through Friday, 8 a.m. to 9 p.m. Eastern time, and Saturday, 8 a.m. to 5 p.m. Eastern time.

Brand-name and generic drugs

We want you to get the most from your medicine — and your money. That's why it's important to know the difference between brand-name drugs and generic drugs.

Brand-name drugs are developed by companies that hold the rights to sell them. When the rights expire, other drug companies can make their own versions of the drugs (generics). You may be more familiar with brand-name drugs because of advertising or because you know people who take them.

Generic drugs are simply copies of brand-name drugs. Brand-name and generic drugs have the same active ingredients, strength and dose. And the Food and Drug Administration (FDA) requires that generic drugs meet the same high standards for purity, quality, safety and strength. With generics, you get the same quality for less money.



Programs that help you manage the money you spend on prescription drugs

These programs are often called “clinical edits.” They help make sure you have access to the right medicines — ones that are safe, effective and offer the best value. We’ve listed some of the programs below.

Dose optimization

Dose optimization usually means increasing the amount of a drug so that you only have to take it once a day, instead of taking a lower dose two times each day. For example, a 10mg dose taken twice per day would be changed to a 20mg dose taken only once per day.

Sometimes doctors prescribe drugs at a lower dose when people start taking them and then gradually increase the dose. The goal of dose optimization in these cases is to help make sure you take a single dosage at the higher strength as soon as your doctor thinks it’s okay. Forgetting to take your medication can cause health problems. And research shows it’s easier for people to remember to take their medication if they only have to take it once per day.

Prior authorization

Most prescriptions are filled right away when you take them to the pharmacy. But some drugs need to be reviewed by your health plan before they’re covered. This process is called prior authorization. It focuses on drugs that may have:

- A risk of side effects.
- A risk of harmful effects when taken with other drugs.
- The potential for incorrect use or abuse.
- Better options that may cost you less and may work better.
- Rules for use with certain health conditions.

Quantity limits

Taking too much medicine or using it too often isn’t safe. And it may even drive up your health care costs. That’s why this program limits the amount of medicine that’s covered by your plan for a certain length of time. For example, a drug may have a limit of 30 pills per 30 days. If you refill a prescription too soon or your doctor prescribes an amount that’s higher than usual, your pharmacist will tell you. The drug won’t be covered at that time.

Step therapy

Step therapy is a program that helps you and your doctor choose drugs that are right for you. After studying many drugs, we’ve chosen certain ones to be the first drugs to try when treating some conditions. Trying drugs in a step-by-step way is called step therapy.

When your doctor prescribes a drug that requires step therapy, a message is sent to your pharmacy’s computer. This lets the pharmacist know you must first try a different, similar drug that’s covered by your plan. The pharmacist will call your doctor to get a prescription for the new drug.

We’re here to help

Ready to get the most from your prescription drug plan? Our programs can help you get the medicine you need to get healthy and stay healthy. To learn more, visit anthem.com. If you still have questions, call us at the phone number on your member ID card.

Our Half Tablet program helps you save money on your prescriptions.

This voluntary program offers you an easy way to save additional money on the drugs you are taking regularly, helping you to save up to 50% of your usual copayment. Getting started with this program is easy. Just ask your doctor to double the strength of your current medicine from the Half Tablet program drug list then use a tablet splitter to cut the tablets in half to get your current dose. By doing this, you will get the same dose from your local retail or home delivery pharmacy and save up to half on your copayment. Over the year, this savings can really add up.

How can you save?

1. If you have a prescription drug copayment, you can save money by paying just half your usual copay cost.
2. If you have a coinsurance (which means, you pay part of the drug's cost and the plan pays part), you'll pay the coinsurance percentage on a fewer number of tablets.
3. You'll continue to save money on refills when you stay on the Half Tablet program.

With the Half Tablet program, you could save up to \$360 a year on out-of-pocket drug costs.*

Here's how the program works:

- We contact you if we think you may benefit from the program and then we'll offer suggestions on which drugs you may be able to save money on.
- Then you should speak with your doctor to see if the program is the right choice.
- When using a retail pharmacy, you should take the new prescription to your local retail pharmacy.
- When using our home delivery pharmacy, your doctor should write a prescription for the maximum number of days supply allowed by the home delivery pharmacy program. And with new instructions for you to take only one half tablet of the double strength medicine daily. Then you just mail the prescription to the home delivery pharmacy.

Here's an example of how the program works:

Current drug prescription:

- Strength: 10mg
- Order quantity: 30 tablets (90 tablets through home delivery)
- Instructions: Take one tablet a day
- Cost: \$30 copay

New prescription through the Half Tablet program:

- Strength: 20mg
- Order quantity: 15 tablets (45 tablets through home delivery)
- Instructions: Take one half tablet a day
- Cost: \$15 copay

These are the drugs that are included in the Half Tablet program:

- | | | |
|----------------|----------------|------------------|
| • Abilify | • Exforge | • Quinapril |
| • Accupril | • Glucophage | • Seroquel |
| • Actos | • Januvia | • Serzone |
| • Amlodipine | • Lexapro | • Simvastatin ** |
| • Atorvastatin | • Lipitor | • Topamax |
| • Cardura | • Losartan HCT | • Topiramate |
| • Celexa | • Metformin | • Valacyclovir |
| • Citalopram | • Norvasc | • Valtrex |
| • Crestor | • Olanzapine | • Vesicare |
| • Diovan HCT | • Paxil | • Zocor |
| • Doxazosin | • Pravachol | • Zolofl |
| • Escitalopram | • Quetiapine | • Zyprexa |

You should speak to your doctors to see if the program is right for you.

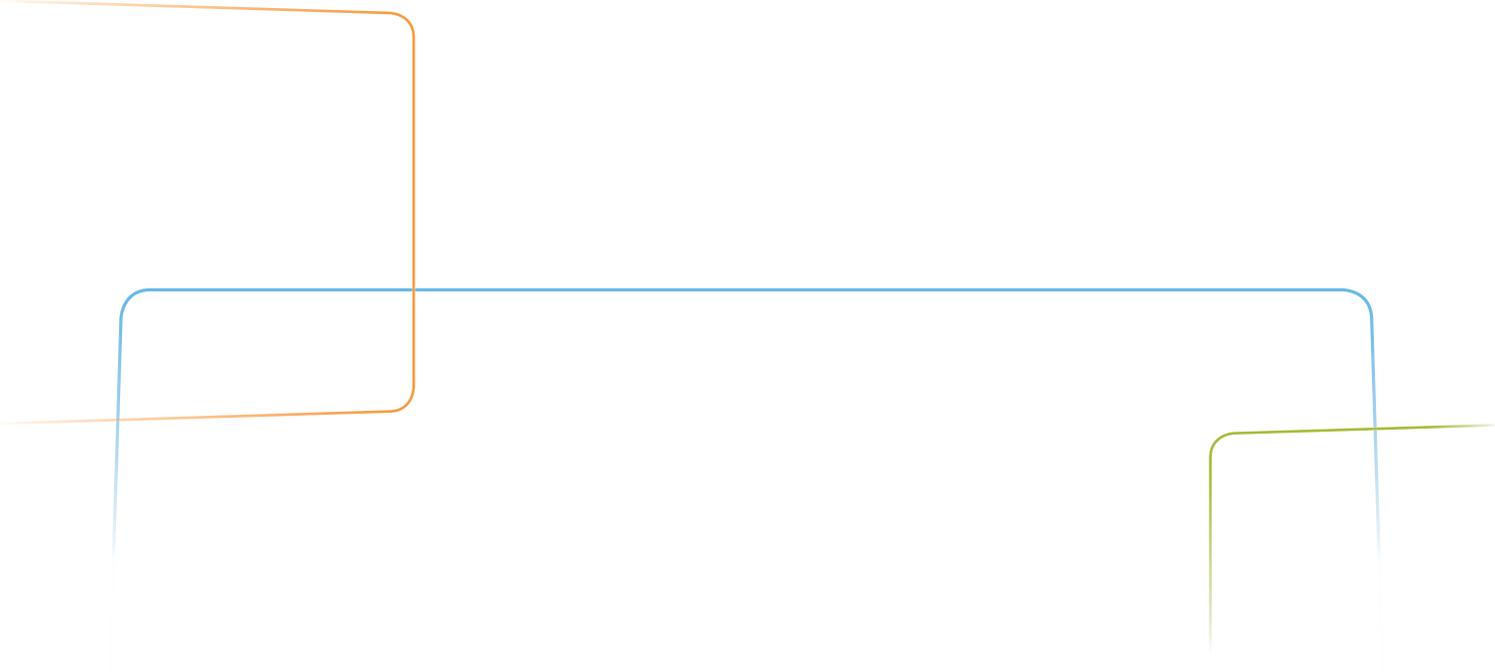
You can leave the program at any time. But it's important that you stay on your medicines and do not stop taking them without talking to your doctors. If you leave the program, tell your doctors so your prescription can be changed back to the original dose since you won't cut your tablets in half anymore.

*The Half Tablet program applies only to tablets taken once a day. Personal savings may vary. Members should check their benefits booklet for the actual copay and coinsurance amounts to figure out how much they could save.

**All strengths of Simvastatin are eligible for this discount program except 10mg dosage, in which you would take ½ tablet of 20mg.



Blue Priority Network





Easy access to a quality network of doctors and hospitals

Let Anthem help lead you and your family to better health with Blue Priority

No one knows what you and your family need better than you. But by working together with our Blue Priority network of doctors, Anthem Blue Cross and Blue Shield (Anthem) can help you get the care you and your family need, and put you on the path to good health.

With Anthem's Blue Priority network, you can enjoy:

- **An even larger network of doctors**, including doctors in the south central and western areas of Wisconsin. By partnering with nine of the state's leading health systems, we've made it even easier for you to find in-network doctors nearby. Plus, we're now affiliated with 38 leading hospitals and more than 250 clinics.
- **More than 40 health and wellness programs** that can help you make long-lasting lifestyle changes.
- **A Nurse Navigator program** that offers a diagnosis, treatment plan, care options, and for certain conditions, support materials.*
- **LiveHealth Online®** is a new way for you to quickly and easily talk to a doctor 24/7. It connects you with board-certified doctors through a secure two-way video chat on your computer or smartphone.

* Available to those in the Aurora Health Care service area.

We're proud to have these providers in the Blue Priority network:

Learn more about Blue Priority today!

To learn more about Anthem's Blue Priority network, go to anthem.com. Here, you can search for a doctor nearby and find hospitals, clinics, pharmacies and more.



Now there's an even better way to care for your health and the health of your family

The Blue Priority network is made up of doctors who are leading a new care approach by participating in Accountable Care Organizations (ACOs). This new approach helps you get the right level of care, from the right kind of doctor, at the right time.

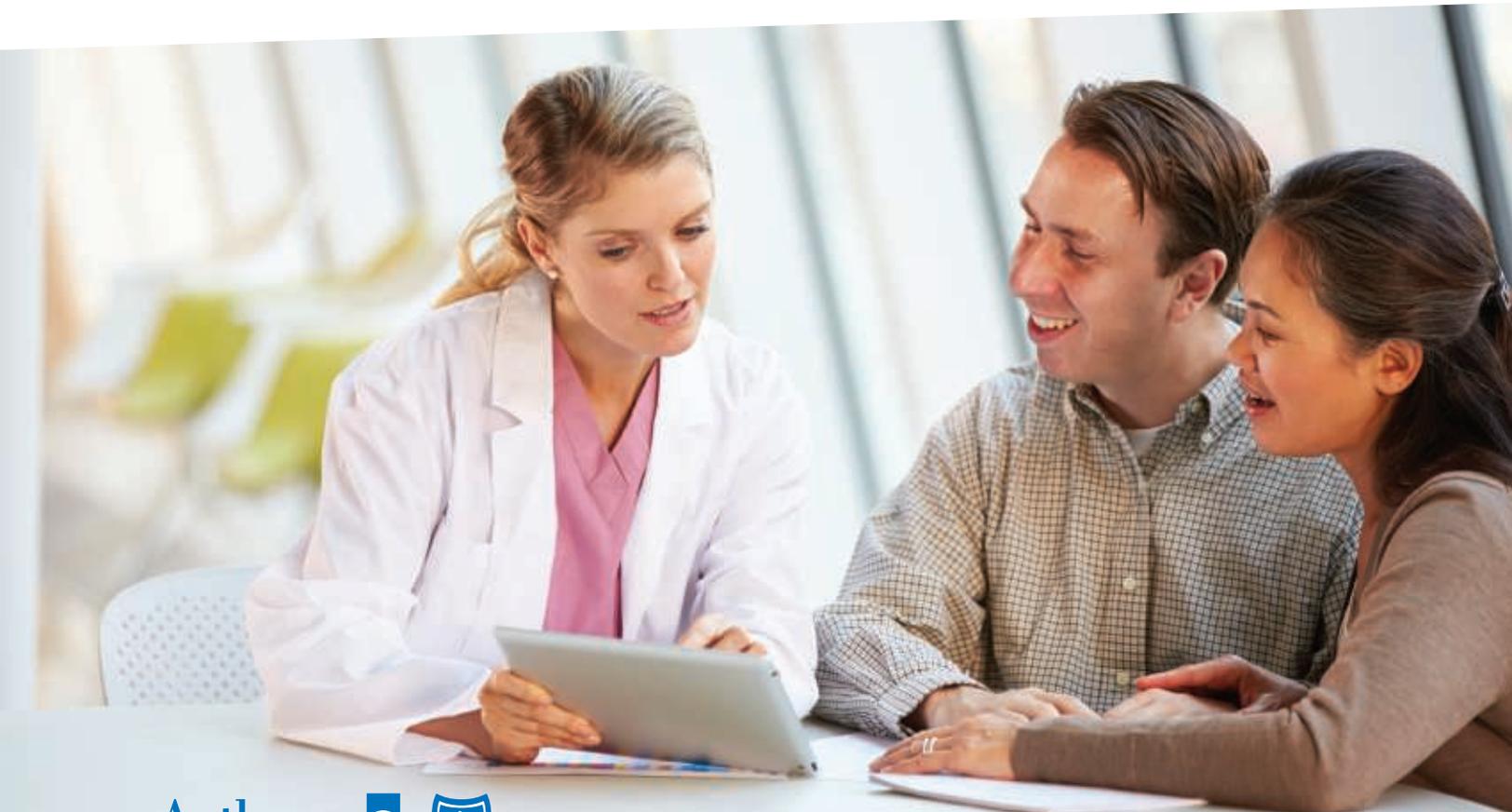
At Anthem, we work hard to improve the quality, safety and value of your health plan. It's what sets us apart from other companies. Partnering with ACOs is just one example of how we're shaping the future of health care — and bringing you high-quality, affordable services.

How Blue Priority supports you:

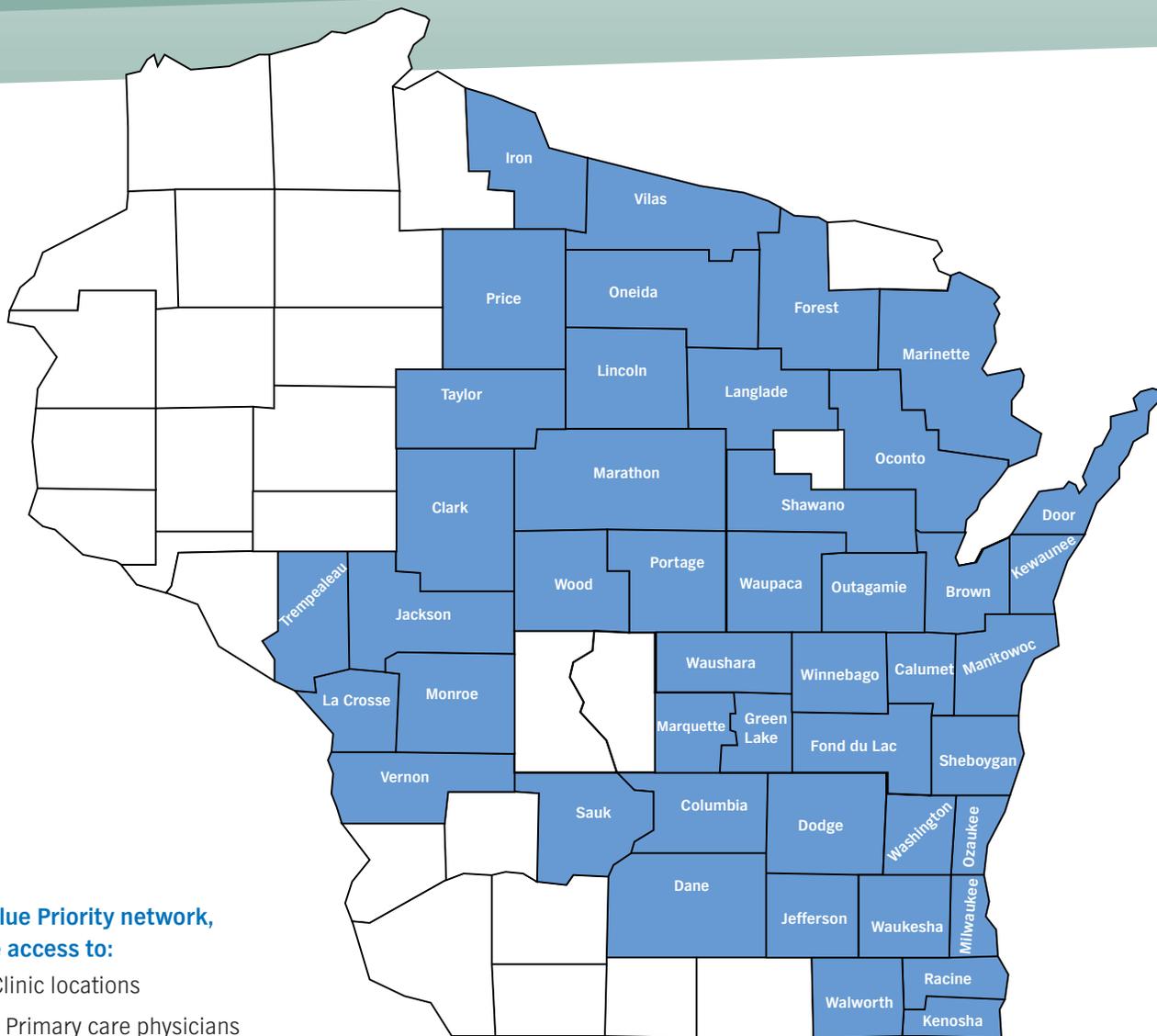
Doctors who participate in the Blue Priority network treat you as a whole person, not just a sore throat or backache.

- **They offer lots of ways you can get care.** They may offer extended office hours, email communications or Web visits to spend more time with you. That means they can take more time to listen to you. So you don't feel as rushed.
- **They don't just take care of you when you're sick.** They work with you to get and keep you healthy. That means checking to see if you got that eye exam or checkup.
- **They make sure your overall care makes sense.** They know your history, specialists, medications, lab results and more to help you make the best decisions for your health care, together.

To learn more about how we're supporting your health care, go to anthem.com > Resources > Health Care Resources and watch helpful video tutorials about enhancing your health care.



Blue Priority Network



With the Blue Priority network, you'll have access to:

- 450+ Clinic locations
- 2,100+ Primary care physicians
 - 800+ Nurse practitioners/physician assistants
- 5,500+ Specialty physicians:
 - 1,000 Nurse practitioners/physician assistants
- 85+ Urgent care/walk-in clinic locations
- 44 Hospitals:
 - Two tertiary — UW and Aurora St. Luke's
 - Children's hospital
 - 10+ Cancer treatment centers
- 90% of WI population has access

Brown

Aurora Health Care
Bellin
ThedaCare

Calumet

Aurora Health Care
Bellin
ThedaCare

Clark

Aspirus
University of Wisconsin Hospitals and Clinics

Columbia

University of Wisconsin Hospitals and Clinics

Dane

University of Wisconsin Hospitals and Clinics
American Family Children's Hospital
Meriter

Dodge

Aurora Health Care
Watertown
University of Wisconsin Hospitals and Clinics
Meriter

Door

Aurora Health Care
Bellin

Fond du Lac

Aurora Health Care
ThedaCare
University of Wisconsin
Hospitals and Clinics
Community Health

Forest

Aurora Health Care

Green Lake

Community Health Network

Iron

Aspirus

Jackson

Gundersen

Jefferson

Aurora Health Care
University of Wisconsin
Hospitals and Clinics
ProHealth Care

Kenosha

Aurora Health Care
University of Wisconsin
Hospitals and Clinics

Kewaunee

Aurora Health Care
Bellin

LaCrosse

Gundersen
University of Wisconsin
Hospitals and Clinics

Langlade

Aspirus

Lincoln

Aspirus

Manitowoc

Aurora Health Care
Bellin

Marathon

Aspirus
University of Wisconsin
Hospitals and Clinics

Marinette

Bellin
Bay Area Medical Center

Marquette

Community Health Network

Milwaukee

Aurora Health Care
Children's Hospital
of Wisconsin

Monroe

Gundersen

Oconto

Aurora Health Care
Bellin

Oneida

Aspirus
University of Wisconsin
Hospitals and Clinics

Outagamie

Aurora Health Care
Bellin
University of Wisconsin
Hospitals and Clinics

Ozaukee

Aurora Health Care

Portage

Aspirus

Price

Aspirus

Racine

Aurora Health Care

Sauk

University of Wisconsin
Hospitals and Clinics

Shawano

Aurora Health Care
Bellin
ThedaCare
Aspirus

Sheboygan

Aurora Health Care

Taylor

Aspirus

Trempleau

Gundersen

Vernon

Gundersen

Vilas

Aspirus

Walworth

Aurora Health Care

Washington

Aurora Health Care

Waukesha

Aurora Health Care
Children's Hospital
of Wisconsin
ProHealth Care

Waupaca

Aurora Health Care
ThedaCare

Waushara

Aurora Health Care
Community Health
Wild Rose
ThedaCare

Winnebago

Aurora Health Care
ThedaCare
Children's Hospital
of Wisconsin
Bellin
University of Wisconsin
Hospitals and Clinics

Wood

Aspirus
University of Wisconsin
Hospitals and Clinics

To view a complete listing of all the doctors, clinics and hospitals in the Blue Priority network, visit [anthem.com](https://www.anthem.com).

Aurora On-Site Nurse Case Manager

Our personalized approach to coordinating care

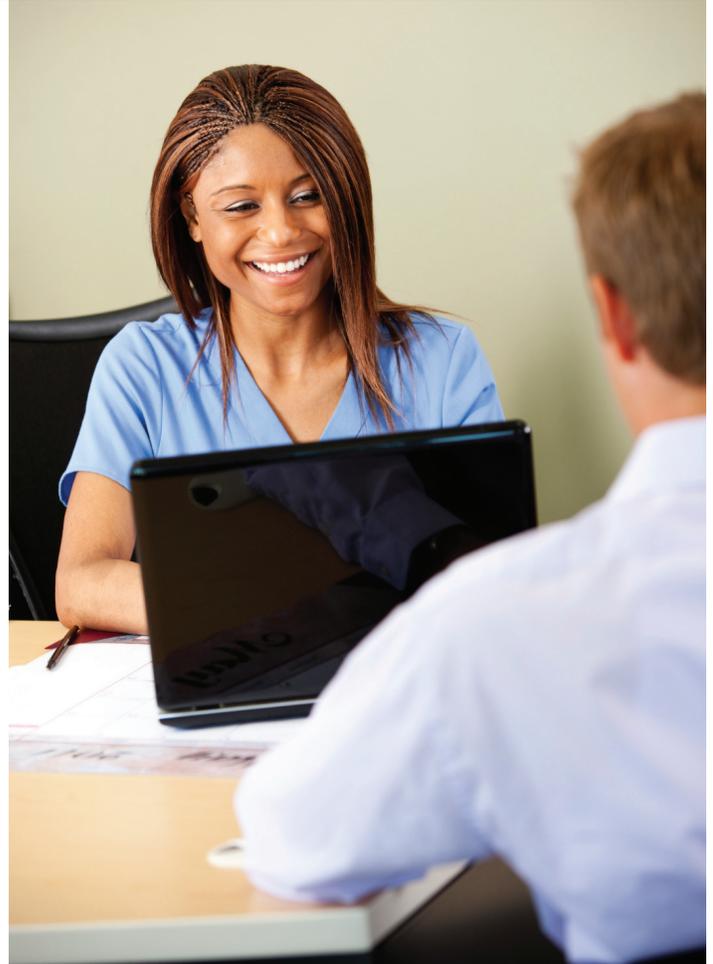
Aurora Health Care has partnered with your employer's health plan to offer you and your family a convenient and knowledgeable resource you can turn to when needed. Aurora's on-site nurse case manager brings our award-winning care management programs to the workplace.

Goal

As a health care professional, the on-site nurse case manager can help you and your family manage chronic conditions and health risks. They are available to answer your questions, help you understand your treatment plans and medications, and ensure that you are visiting your physician and getting the necessary tests.

As a valuable health care resource, the on-site nurse case manager will help you find a primary care provider, a specialist, or a conveniently located clinic — with suggestions based on your preferences and special needs. They also provide information on educational classes and support programs.

All communication between you and the on-site nurse case manager is completely confidential.



The on-site nurse case manager:

- Builds trusting, collaborative relationships with you and your family
- Can connect you with appropriate health care professionals as needed
- Answers your questions
- Can help you coordinate care for chronic diseases and at-risk conditions
- Works with you and your physicians to create treatment plans
- Works with you to identify and resolve barriers to increase your opportunities for success

- Assists you in coordinating appointments
- Conducts home visits for at-risk family members
- Encourages and facilitates age-appropriate preventive screenings
- Provides wellness coaching

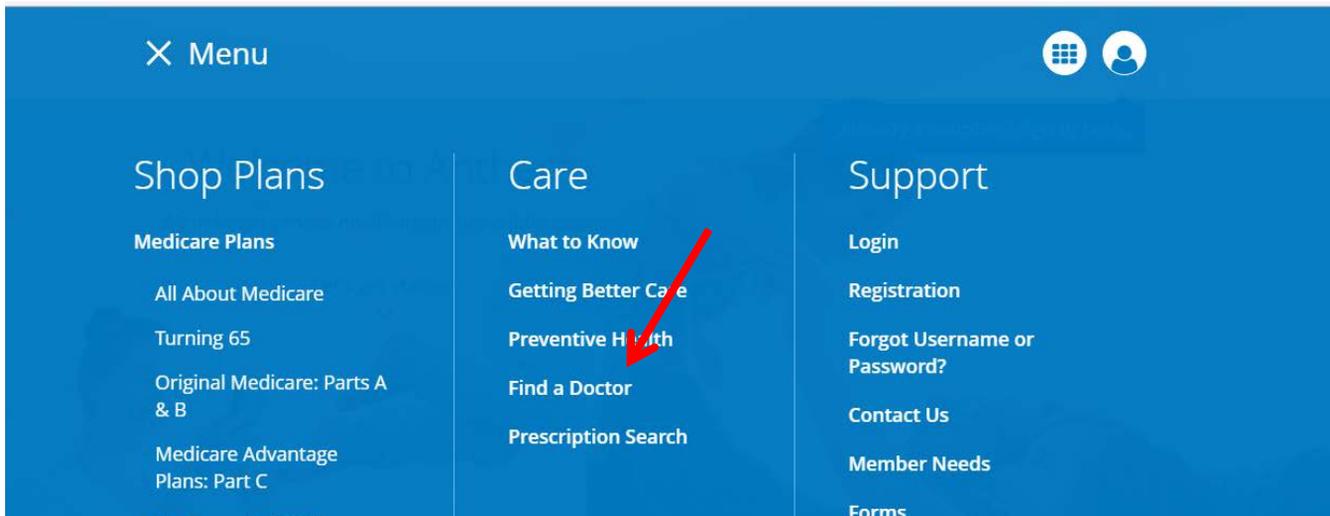
High-risk conditions with proactive outreach by the on-site nurse case manager include:

- Diabetes
- Asthma
- High cholesterol
- Hypertension
- Obesity
- Smoking

Find a Doctor

www.anthem.com

Visit www.anthem.com
Click on Menu
Click on Find a Doctor



To find a provider within Blue Priority

- Select “Search by selecting a Plan or Network”
- Select what type of care “Medical”
- Select the state of “Wisconsin”
- Select “Blue Priority Network”



Search as a Guest

Each of our plans has its own network of doctors and hospitals. We can help you find a doctor or hospital in the correct network for you.

Continue

[Search by Selecting a Plan or Network](#)

[Search All Plans and Networks](#)

What type of care are you searching for?

Medical

What state do you want to search in?

Wisconsin

Select a plan/network

Blue Priority Network



If you're traveling or out of state, search nationally

- Select "Search by selecting a Plan or Network"
- Select what type of care "Medical"
- Select the state of which you're needing care
- Select "National PPO (Blue Card PPO)"



Search as a Guest

Each of our plans has its own network of doctors and hospitals. We can help you find a doctor or hospital in the correct network for you.

Continue

[Search by Selecting a Plan or Network](#)

[Search All Plans and Networks](#)



What type of care are you searching for?

What state do you want to search in?

Select a plan/network



Choose Search Parameters

Step 1: Choose Provider Type

I'm looking for a:

Doctor/Medical Professional ▼

Whose name is: (optional)

Enter name

Step 2: Add any details to filter your results

Who specializes in:

Family/General Practice, Internal Med ▼

[Show specialty details](#)

Step 3: Provide city and state OR zip code

Located near:

Enter location

Within a distance of:

20 miles ▼

Step 4: Enter search distance

Step 5: Click search & view your results!

Who is: (optional)

Accepting New Patients ?

Able to serve as Primary Care Physician (PCP) ?

National and International Coverage

BlueCard® PPO Program

Your health care benefits go where you go

PPO benefits and access to most doctors and hospitals across the country



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/

For Administrative Services Only 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. This plan overview is intended to be a brief outline of coverage and is not a contract. In case of any conflict between this overview and the plan document, the provisions of the plan document will prevail.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, 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 New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. 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 registered marks of the Blue Cross and Blue Shield Association.

BlueCard Worldwide®

Your passport to health care outside the U.S.

As an Anthem Blue Cross and Blue Shield member, you take your health benefits with you when you travel outside the U.S. Through the BlueCard Worldwide® Program, you can get help finding doctors and hospitals in nearly 200 countries and territories around the world.*

Do I need to pay up front for care?

Usually, you don't have to pay up front for inpatient care at participating BlueCard Worldwide hospitals. But you do have to pay fees you normally pay. This includes paying for services not covered by your benefits, deductibles, copays and coinsurance. The hospital should send us your claim for you.

However, you will need to pay up front for care that you got from a doctor and/or nonparticipating hospital. See below for how to file a claim.

How do I file a claim?

1. If the BlueCard Worldwide Service Center helped you get into a hospital, the hospital will file the claim for you. You will need to pay the hospital for the out-of-pocket fees you normally pay.
2. For outpatient (no overnight stay at a hospital) and doctor care, or inpatient care you did not get through the BlueCard Worldwide Service Center, you will need to pay the doctor or hospital and send an international claim form with original bills to the Service Center.
3. You can get an international claim form by calling the Customer Service number on your ID card or by going online at bluecardworldwide.com.

*Blue Cross and Blue Shield Association. *Coverage Home and Away* (accessed April 2013): bcbs.com/already-a-member/coverage-home-and-away.html

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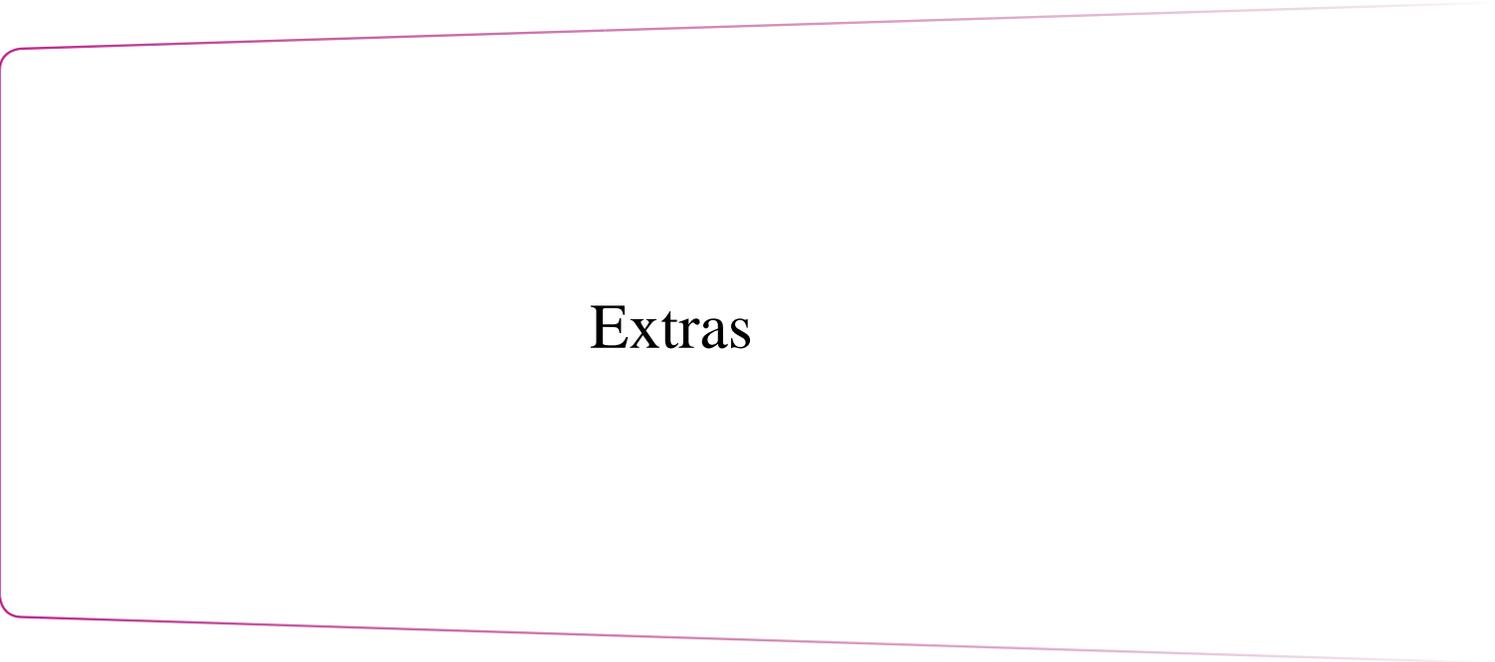
BlueCard Worldwide® Program

What if I need medical care in a foreign country?

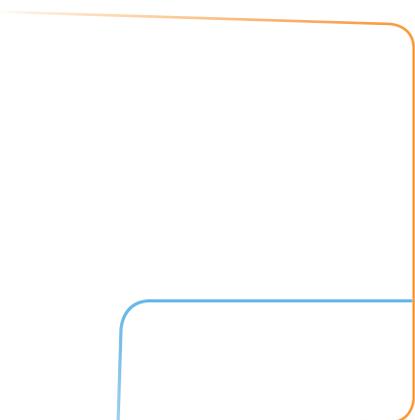
1. Call the Customer Service number on your ID card for coverage details before leaving the U.S. Benefits (the health services we offer) may not be the same outside the country.
2. Always carry your ID card.
3. In an emergency, go straight to the nearest doctor or hospital. If you end up in a hospital, call the BlueCard Worldwide Service Center at the number below.
4. If you need to find a doctor or hospital, call the BlueCard Worldwide Service Center at **800-810-BLUE (2583)**, or call collect at **804-673-1177**. You can call 24 hours a day, seven days a week. Representatives can help you set up a doctor visit or hospital stay.
5. If you need precertification or preauthorization, call the Customer Service number on your ID card.

Cut out this information and carry it with you when traveling outside the U.S.





Extras



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.



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**.

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.

Live life to the fullest – without paying full price



Save money with discounts at anthem.com

Saving money is good. Saving money on things that are good for you – that's even better. With SpecialOffers@AnthemSM, you can get discounts on products and services that help promote better health and well-being.* It's just one of the perks of being a member. Check out how much you can save:

Vision and hearing

1-800 CONTACTS[®] – Get contact lenses quick and easy – plus discounts only available to Anthem members, like \$20 off when you spend \$100 or more and free shipping.

Glasses.com[™] – Get the latest, brand-name frames for just a fraction of the cost at typical retailers – every day. Plus, you get an additional \$20 off orders of \$100 or more, free shipping and free returns.

Premier LASIK – Save 15% on LASIK with all in-network providers. Prices are as low as \$695 per eye with select providers.

Amplifon – Get a low-price guarantee with the seven top companies that work with Amplifon. Save \$50 on one hearing aid or \$125 on two. Plus, get a three-year repair/loss/damage warranty and a free two-year supply of batteries.

Beltone[™] – Get hearing screenings and in-home service at no additional cost, and up to 50% off all Beltone hearing aids.

Fitness and health

Jenny Craig[®] – Join Jenny Craig and get a 30-day trial at no additional cost and 50% off enrollment.

Lindora[®] – Save 20% on weight-loss programs.

SelfHelpWorks – Choose one of the online Living programs and get a 40% discount to help you lose weight, stop smoking, manage stress or face an alcohol problem.

GlobalFit[™] – Save on gym memberships, home fitness equipment and GlobalFit's Virtual Gym.

ChooseHealthy[™] – Get preferred pricing on fitness club memberships and a one-week free trial. Enjoy discounts on acupuncture, chiropractors and massage – plus 40% off certain wellness products.

Performance Bicycle – Get \$20 off a purchase of \$80 or more in store or online.



SpecialOffers@AnthemSM on anthem.com

Family and home

Safe Beginnings[®] — Babyproof your home while saving 15% on everything from safety gates to outlet covers.

VPI Pet Insurance — Get 5% off pet insurance. Get peace of mind knowing that you have help paying the medical costs for your pet's accidents, illnesses and routine medical care.

ASPCA Pet Health Insurance — Get 5% off pet insurance. You can choose from three levels of care, including flexible deductibles and custom reimbursements.

LinkWell — Get coupons for healthier products.

WINFertility[®] — Save up to 40% on infertility treatment. WINFertility helps make quality treatment affordable.

LifeMart[®] — Get great deals on beauty and skin care, diet plans, fitness club memberships and plans, personal care, spa services and yoga classes, sports gear and vision care.

Medicine and treatment

Puritan's Pride — Save 10% and get free shipping on a large selection of vitamins, minerals, herbs, supplements and much more.

Murad[®] — Save \$25 and get a free gift with any purchase of \$100 or more on skin care products.

Allergy Control products — Save 25% on Allergy Control encasings for your bed. Plus, save 20% on a variety of doctor-recommended products for a healthier home and enjoy free shipping on orders of \$150 or more.

National Allergy[®] supply — Save 15% on mattress encasings, air filtration products, compressors and other products that can help relieve your allergy, asthma and sinus symptoms.

To find the discounts that are available to you, log in to [anthem.com](https://www.anthem.com) and select **Discounts**.



* All discounts are subject to change without notice.

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.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical Service, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, 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 New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Company, Inc. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. 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 registered marks of the Blue Cross and Blue Shield Association.

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 866-647-6120.**

**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 **866-647-6120**. 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 **866-647-6120**. There's no extra cost to you.



Anthem Dental Complete

WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your employee benefits booklet.

Dental coverage you can count on

Your Anthem dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose one within our large network.

Savings beyond your dental plan benefits - you get more for your money.

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE		In-Network	Out-of-Network	
Annual Benefit Maximum ▪ Per insured person	Calendar Year	\$1,250	\$1,250	
Annual Maximum Carryover		No	No	
Orthodontic Lifetime Benefit Maximum ▪ Per eligible insured person		N/A	N/A	
Annual Deductible ▪ Per insured person ▪ Family maximum	Calendar Year	\$0 3X Individual	\$0 3X Individual	
Deductible Waived for Diagnostic/Preventive Services		Yes	Yes	
Out-of-Network Reimbursement Options:		80th percentile		
Dental Services		In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services ▪ Periodic oral exam ▪ Teeth cleaning (prophylaxis) ▪ Bitewing X-rays: 1X per 12mnths <18 Y/O, 1X per 24mnths >=18 Y/O ▪ Intraoral X-rays		100% Coinsurance	100% Coinsurance	No Waiting Period
Basic Services ▪ Amalgam (silver-colored) Filling ▪ Front composite (tooth-colored) Filling ▪ Back composite Filling, Alternated to Amalgam Benefit ▪ Simple Extractions		Not Covered	Not Covered	No Waiting Period
Endodontics ▪ Root Canal		Not Covered	Not Covered	No Waiting Period
Periodontics ▪ Scaling and root planing		Not Covered	Not Covered	No Waiting Period
Oral Surgery ▪ Surgical Extractions		Not Covered	Not Covered	No Waiting Period
Major Services ▪ Crowns		Not Covered	Not Covered	No Waiting Period
Prosthodontics ▪ Dentures ▪ Bridges ▪ Dental implants Not Covered		Not Covered	Not Covered	No Waiting Period
Prosthetic Repairs/Adjustments		Not Covered	Not Covered	No Waiting Period
Orthodontic Services ▪ None		Not Covered	Not Covered	N/A

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your employee benefits booklet. In the event of a discrepancy between the information in this summary and the employee booklet, the employee booklet will prevail.

WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your employee benefits booklet.

Dental coverage you can count on

Your Anthem dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose one within our large network.

Savings beyond your dental plan benefits - you get more for your money.

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE		In-Network	Out-of-Network	
Annual Benefit Maximum ▪ Per insured person	Calendar Year	\$1,500	\$1,500	
Annual Maximum Carryover		No	No	
Orthodontic Lifetime Benefit Maximum ▪ Per eligible insured person		\$3,000	\$3,000	
Annual Deductible (The Deductible does not apply to Orthodontic Services) ▪ Per insured person ▪ Family maximum	Calendar Year	\$0 3X Individual	\$0 3X Individual	
Deductible Waived for Diagnostic/Preventive Services		Yes	Yes	
Out-of-Network Reimbursement Options:		80th percentile		
Dental Services		In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services ▪ Periodic oral exam ▪ Teeth cleaning (prophylaxis) ▪ Bitewing X-rays: 1X per 12 months ▪ Intraoral X-rays		100% Coinsurance	100% Coinsurance	No Waiting Period
Basic Services ▪ Amalgam (silver-colored) Filling ▪ Front composite (tooth-colored) Filling ▪ Back composite Filling, Alternated to Amalgam Benefit ▪ Simple Extractions		80% Coinsurance	80% Coinsurance	No Waiting Period
Endodontics ▪ Root Canal		80% Coinsurance	80% Coinsurance	No Waiting Period
Periodontics ▪ Scaling and root planing		80% Coinsurance	80% Coinsurance	No Waiting Period
Oral Surgery ▪ Surgical Extractions		80% Coinsurance	80% Coinsurance	No Waiting Period
Major Services ▪ Crowns		80% Coinsurance	80% Coinsurance	12 Month
Prosthodontics ▪ Dentures ▪ Bridges ▪ Dental implants Not Covered		80% Coinsurance	80% Coinsurance	12 Month
Prosthetic Repairs/Adjustments		80% Coinsurance	80% Coinsurance	12 Month
Orthodontic Services ▪ Dependent Children Only*		50% Coinsurance	50% Coinsurance	12 Months

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*Child orthodontic coverage begins at age eight and runs through age 18. This means that the child must have been banded between the ages of eight and 19 in order to receive coverage. If children are dependents until age 19, they can continue to receive coverage, but they must have been banded before age 19.

ENHANCED FOR LATE ENROLLEES



(Additional waiting periods if coverage is not elected on the Enhanced Plan at this time.)

WELCOME TO YOUR DENTAL PLAN!

This benefit summary outlines how your dental plan works and provides you with a quick reference of your dental plan benefits. For complete coverage details, please refer to your employee benefits booklet.

Dental coverage you can count on

Your Anthem dental plan lets you visit any licensed dentist or specialist you want - with costs that are normally lower when you choose one within our large network.

Savings beyond your dental plan benefits - you get more for your money.

You pay our negotiated rate for covered services from in-network dentists even if you exceed your annual benefit maximum.

YOUR DENTAL PLAN AT A GLANCE		In-Network	Out-of-Network	
Annual Benefit Maximum ▪ Per insured person	Calendar Year	\$1,500	\$1,500	
Annual Maximum Carryover		No	No	
Orthodontic Lifetime Benefit Maximum ▪ Per eligible insured person		\$3,000	\$3,000	
Annual Deductible (The Deductible does not apply to Orthodontic Services) ▪ Per insured person ▪ Family maximum	Calendar Year	\$0 3X Individual	\$0 3X Individual	
Deductible Waived for Diagnostic/Preventive Services		Yes	Yes	
Out-of-Network Reimbursement Options:		80th percentile		
Dental Services		In-Network Anthem Pays:	Out-of-Network Anthem Pays:	Waiting Period
Diagnostic and Preventive Services ▪ Periodic oral exam ▪ Teeth cleaning (prophylaxis) ▪ Bitewing X-rays: 1X per 12 months ▪ Intraoral X-rays		100% Coinsurance	100% Coinsurance	No Waiting Period
Basic Services ▪ Amalgam (silver-colored) Filling ▪ Front composite (tooth-colored) Filling ▪ Back composite Filling, Alternated to Amalgam Benefit ▪ Simple Extractions		80% Coinsurance	80% Coinsurance	12 months
Endodontics ▪ Root Canal		80% Coinsurance	80% Coinsurance	12 months
Periodontics ▪ Scaling and root planing		80% Coinsurance	80% Coinsurance	12 months
Oral Surgery ▪ Surgical Extractions		80% Coinsurance	80% Coinsurance	12 months
Major Services ▪ Crowns		80% Coinsurance	80% Coinsurance	24 months
Prosthodontics ▪ Dentures ▪ Bridges ▪ Dental implants Not Covered		80% Coinsurance	80% Coinsurance	24 months
Prosthetic Repairs/Adjustments		80% Coinsurance	80% Coinsurance	24 months
Orthodontic Services ▪ Dependent Children Only*		50% Coinsurance	50% Coinsurance	24 months

This is not a contract; it is a partial listing of benefits and services. All covered services are subject to the conditions, limitations, exclusions, terms and provisions of your employee benefits booklet. In the event of a discrepancy between the information in this summary and the employee booklet, the employee booklet will prevail.

*Child orthodontic coverage begins at age eight and runs through age 18. This means that the child must have been banded between the ages of eight and 19 in order to receive coverage. If children are dependents until age 19, they can continue to receive coverage, but they must have been banded before age 19.

Emergency dental treatment for the international traveler

As an Anthem dental member, you and your eligible, covered dependents automatically have access to the International Emergency Dental Program.** With this program, you may receive emergency dental care from our listing of credentialed dentists while traveling or working nearly anywhere in the world.

** The International Emergency Dental Program is managed by DeCare Dental, which is an independent company offering dental-management services to Anthem Blue Cross Life and Health Insurance Company.

Promoting healthy mouths for members who are pregnant or living with diabetes

If you are pregnant or living with diabetes, you can sign up to receive one additional dental cleaning or periodontal maintenance procedure per year.

Finding a dentist is easy.

To select a dentist by name or location, do one of the following:

- Go to anthem.com/mydentalvision
- Call Customer Service at the toll-free number listed on the back of your ID card.

TO CONTACT US:

Call	Write
Refer to the toll-free number indicated on the back of your plan ID card to speak with a U.S.-based customer service representative during normal business hours. Calling after hours? We may still be able to assist you with our interactive voice-response system.	Refer to the back of your plan ID card for the address.

Limitations & Exclusions

Limitations – Below is a partial listing of dental plan limitations when these services are covered under your plan. Please see your certificate of coverage for a full list.

Diagnostic and Preventive Services

Oral evaluations (exam) Limited to two per Calendar Year

Teeth cleaning (prophylaxis) Limited to two per Calendar Year

Intraoral X-rays, single film Limited to four films per 12-month period

Complete series X-rays (panoramic or full-mouth) Coverage Every 3 Years

Topical fluoride application Limited to once every 12 months for members through age 18

Sealants Limited to first and second molars once every 24 months per tooth for members through age 15; sealants may be covered under Diagnostic and Preventive or Basic Services.

Basic and/or Major Services**

Fillings Limited to once per surface per tooth in any 24 months

Space Maintainers Limited to extracted primary posterior teeth once per lifetime per tooth for members through age 16; Space Maintainers may be covered under Diagnostic and Preventive or Basic Services.

Crowns Limited to once per tooth in a seven-year period

Fixed or removable prosthodontics – dentures, partials, bridges

Covered once in any seven-year period; benefits are provided for the replacement of an existing bridge, denture or partial for members age 16 or older if the appliance is seven years old or older and cannot be made serviceable.

Root canal therapy Limited to once per lifetime per tooth; coverage is for permanent teeth only.

Periodontal surgery Limited to one complex service per single tooth or quadrant in any 36 months, and only if the pocket depth of the tooth is five millimeters or greater

Periodontal scaling and root planing Limited to once per quadrant in 36 months when the tooth pocket has a depth of four millimeters or greater

Brush Biopsy Not Covered

*****Waiting periods** for endodontic, periodontic and oral surgery services may differ from other Basic Services or Major Services under the same dental plan.

There is a waiting period of up to 24 months for replacement of congenitally missing teeth or teeth extracted prior to coverage under this plan.

ADDITIONAL LIMITATION FOR ORTHODONTIC SERVICES

Orthodontia Limited to one course of treatment per member per lifetime

Exclusions – Below is a partial listing of noncovered services under your dental plan. Please see your certificate of coverage for a full list.

Services provided before or after the term of this coverage

Services received before your effective date or after your coverage ends, unless otherwise specified in the employee benefits booklet

Orthodontics (unless included as part of your dental plan benefits) Orthodontic braces, appliances and all related services

Cosmetic dentistry Services provided by dentists solely for the purpose of improving the appearance of the tooth when tooth structure and function are satisfactory and no pathologic conditions (cavities) exist

Drugs and medications Intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, anxiolysis nitrous oxide, therapeutic drug injections, medicines or drugs for nonsurgical or surgical dental care except that intravenous conscious sedation is eligible as a separate benefit when performed in conjunction with complex surgical services.

Extractions - Surgical removal of third molars (wisdom teeth) that do not exhibit symptoms or impact the oral health of the member

The in-network dental providers mentioned in this communication are independently contracted providers who exercise independent professional judgment. They are not agents or employees of Anthem Blue Cross Life and Health Insurance Company.

Anthem Blue Cross and Blue Shield is the trade name of 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 registered marks of the Blue Cross and Blue Shield Association.



Choice of dentists

While your dental plan lets you choose any dentist, you may end up paying more for a service if you visit an out-of-network dentist.

Here's why:

In-network dentists have agreed to payment rates for various services and cannot charge you more. On the other hand, out-of-network dentists don't have a contract with us and are able to bill you for the difference between the total amount we allow to be paid for a service – called the "maximum allowed amount" – and the amount they usually charge for a service. When they bill you for this difference, it's called "balance billing."

How Anthem dental decides on maximum allowed amounts

For services from an out-of-network dentist, the maximum allowed amount is determined in one of the following ways:

- Out-of-network dental fee schedule/rate developed by Anthem, which may be updated based on such things as reimbursement amounts accepted by dentists contracted with our dental plans, or other industry cost and usage data
- Information provided by a third-party vendor that shows comparable costs for dental services
- In-network dentist fee schedule

Here's an example of higher costs for out-of-network dental services

This is an example only. Your experience may be different, depending on your insurance plan, the services you receive and the dentist who provides the services.

Ted gets a crown from an out-of-network dentist, who charges \$1,200 for the service and bills Anthem for that amount.

Anthem's maximum allowed amount for this dental service is \$800. That means there will be a \$400 difference, which the dentist can "balance bill" Ted.

Since Ted will also need to pay \$400 coinsurance, the total he'll pay the out-of-network dentist is \$800.

Here's the math:

- Dentist's charge: \$1,200
- Anthem's maximum allowed amount: \$800
- Anthem pays 50%: \$400
- Ted pays 50% (coinsurance): \$400
- Balance Ted owes the provider: $\$1,200 - \$800 = \$400$
- Ted's total cost: $\$400$ coinsurance + $\$400$ provider balance = $\$800$

In the example, if Ted had gone to an in-network dentist, his cost would be only \$400 for the coinsurance because he would not have been "balance billed" the \$400 difference.

Emergency dental care for the world traveler



Whether you're on a vacation or just working abroad, the last thing you need to worry about is where to go for emergency dental care. With dental coverage from Anthem Blue Cross and Blue Shield (Anthem), you don't have to worry.

As an Anthem dental member, you and your family have access to the International Emergency Dental Program. Anthem offers you this program through DeCare Dental.* With this program, you may get emergency dental care from our list of credentialed, English-speaking dentists while traveling or working abroad. Program services are listed on the wallet card below.

Here's how it works

If you need emergency dental care while traveling abroad, call us right away. (The attached card gives details on how to make that call.) Our English-speaking Customer Service reps can help you find a dentist. And they can even help with translation services when you call the dentist's office.

Visit our website for a list of participating dentists

For a list of participating dentists, visit decare.com. Under the drop-down menu on the left, choose **DeCare Dental Products**, then **International Dental Program**. From there you can check our list of participating dentists in the *International Emergency Dental Program* section.

Payment for care

Please pay the dentist and ask for a receipt. Then, print a claim form from our website at decare.com and send the filled out

form with the receipt to the address listed on the claim form. Claims are paid to members in U.S. funds.

Please note that emergency dental care received from a dentist in this program is paid back in full and is not part of your yearly plan limit.

Your claim will be paid at an out-of-network level if you:

- Get emergency dental care out of the country from a dentist who is not in this program.
- Get dental care that is not an emergency from any dentist outside of the U.S.

Emergency dental care is offered 24 hours a day, 365 days a year

For easy access to the International Emergency Dental Program cut out the card below, fold it in half and carry it with you while you travel outside of the U.S.

Program services

Only emergency care is provided by this program.



Emergency care means dental services to:

- Treat or control severe infections.
- Treat injuries to, or trauma of, the teeth or structures that support the teeth.*
- Ease intense pain to make you feel better.
 - Care for pain that lasts a long time or has not been diagnosed is not covered under this plan.
- Find the source of pain or infection, or the extent of trauma (diagnostic services).
- Find out the extent of a dental emergency through an exam.

fold

How to find a dentist in the country you are visiting

Please note: This number is NOT toll-free. If you are using an international calling card, please follow the steps on the card first.

Step 1: If you are in a hotel, office building or other place where you need to first press a number to make a call, do this first.

Step 2: Then press the outbound calling code for the country you are calling from.

(For instance, Switzerland is 00) plus **353-94-9372257**

If calling from Ireland, press **0-94-9372257** (24 hours a day)

Claim questions only (in the U.S.) 1-800-371-6561

fold

*Dental injuries or trauma include:

- Enamel fracture
- Crown fracture
- Root fracture
- Crown-root fracture
- Luxation (put out of joint)
- Avulsion (torn off)
- Fracture of the upper or lower jaw bone (alveolar process)

These are not emergency care services:

- Routine exams
- Preventive dental services such as:
 - Dental cleanings
 - Putting fluoride or sealants on teeth
 - Keeping the space for an adult tooth open if the baby tooth has been lost too early (space maintenance)
- Basic or major restorative dental services when there is no pain, trauma, or short-term infection
- Periodontics (treating and preventing gum disease)
- Prosthodontics (use of bridges and dentures to replace missing teeth)
- Implants
- Orthodontics (use of braces to change the spacing between teeth)

* DeCare Dental is an independent company offering dental administrative services to Anthem Blue Cross and Blue Shield plans. The International Emergency Dental Program is administered by DeCare Dental. No such relationship other than that of independent parties under an arrangement with each other solely for the purposes of providing dental care to Anthem Blue Cross and Blue Shield members may be deemed to exist between DeCare Dental and participating dentists. Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, 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 Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc., dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. 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 registered marks of the Blue Cross and Blue Shield Association.

If you are pregnant or have diabetes your teeth and gums need special care.



Sign up for extra dental benefits* – at no extra cost – using the form below.

Your Anthem Blue Cross and Blue Shield dental plan helps you take extra good care of your mouth. Taking care of your teeth and gums is easy and can help keep your mouth free from infection. You should brush and floss daily, and see your dentist regularly. While your dental plan most likely provides coverage for preventive care services, by completing the form below you may be eligible* to get coverage for an extra dental cleaning (to help keep your teeth healthy) or an extra periodontal maintenance procedure (to help keep your gums healthy) each benefit year.

For a healthy smile, sign up here.

Simply fill out the form below and mail, e-mail or fax it to us – whichever is easiest for you.

Mail to: Clinical Integration Coordinator, PO Box 1115, Minneapolis, MN 55440-1115

E-mail to: enroll@anthemdentaladmin.com

Fax to: 1-800-821-5946

Dental Enrollment Request Form

Member name: _____

Member address: _____

Member phone number: (h) _____ (w) _____

I have diabetes I am pregnant and my expected due date is: _____

Subscriber name: _____ Subscriber ID number: _____

For Group business only – Group name: _____ Group number: _____

To the best of my knowledge and belief, I am being treated for diabetes or was pregnant as of the below signature date and will provide proof of such condition if requested by Anthem Blue Cross and Blue Shield. Additionally, upon request, I will provide a written authorization to Anthem Blue Cross and Blue Shield to obtain medical records from my provider(s). If such condition cannot be verified, I will not be eligible for coverage for the additional dental procedures available under this program.

Member signature: _____ Today's date: _____

Name of treating physician: _____

Phone number of physician: _____

Questions? Just call the customer service number on the back of your Anthem dental ID card.

* Coverage for additional cleaning is an optional benefit that may not be included in your plan. Check with your benefit administrator for details.

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Non-Orthodontic Services Work-In-Progress

For all services other than orthodontics, (e.g., root canals, crowns, bridges, dentures) that started prior to the subscriber's effective date under the Prime and Complete dental plan, payment of the claim is based on the service completion date.

The Prime and Complete dental plan will honor the prior carrier's pre-estimate, but only in determining coverage. Pricing and network status are not guaranteed and will be based on the provider's participating status with Prime and Complete.

The provider/subscriber should attach the prior plan's pre-estimate to the claim when submitting to Prime and Complete dental for consideration.

Orthodontic Work-In-Progress

If a covered, dependent child is in the midst of active orthodontic treatment (bands have been placed), the provider needs to supply Anthem dental with a copy of the original claim that must include the following information:

- 1) Treatment type (procedure number)
- 2) Total fee for treatment
- 3) Number of months treatment will take place
- 4) Provider signature

The amount of the benefit that will be paid will be pro-rated based on the number of months of active treatment remaining following the effective date of the child (minus any amount paid by the prior carrier if history is loaded.)

Example:

Treatment Plan Length and Cost:	24 months for \$5,200
Remaining Months of Treatment:	10 months
Monthly Treatment Cost:	\$5,200/24 months = \$216.66 monthly
Ineligible Monthly Cost:	14 months x \$216.66 = \$3,033.24
Eligible Treatment Cost:	\$5,200 - \$3,033.24 = \$2,166.76
Amount Paid by Anthem:	\$2,166.76 x 50% = \$1,083.38*

**The total amount paid will be limited to the total Lifetime Orthodontic Maximum minus any prior carrier history, if loaded.*

Standard Ortho Payment Schedule

- \$500-\$1,500 Lifetime Orthodontic Maximum = 2 Equal Payments (banding & 6 months after banding)
- \$1,500+ Lifetime Orthodontic Maximum = 3 Equal Payments (banding, 6 months after banding, 12 months after banding)

Anthem Dental Claims Mailing Address

Anthem
PO Box 1115
Minneapolis, MN 55440-1115

How to Guide:

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STEP 1:	Go to www.anthem.com/mydentalvision
STEP 2:	Click on “Find Dental Providers” (middle of page)
STEP 3:	Click on Anthem Dental Complete
STEP 4:	Select a Specialty (if needed); Click “Next”
STEP 5:	Enter your criteria for the provider search and click on “View Results”
STEP 6:	To lookup a provider by name, click on “Lookup by Name” at the top of the page
STEP 7:	On the Search Results page, you can: Download Results; Print a PDF of your results; and Start a new search

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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

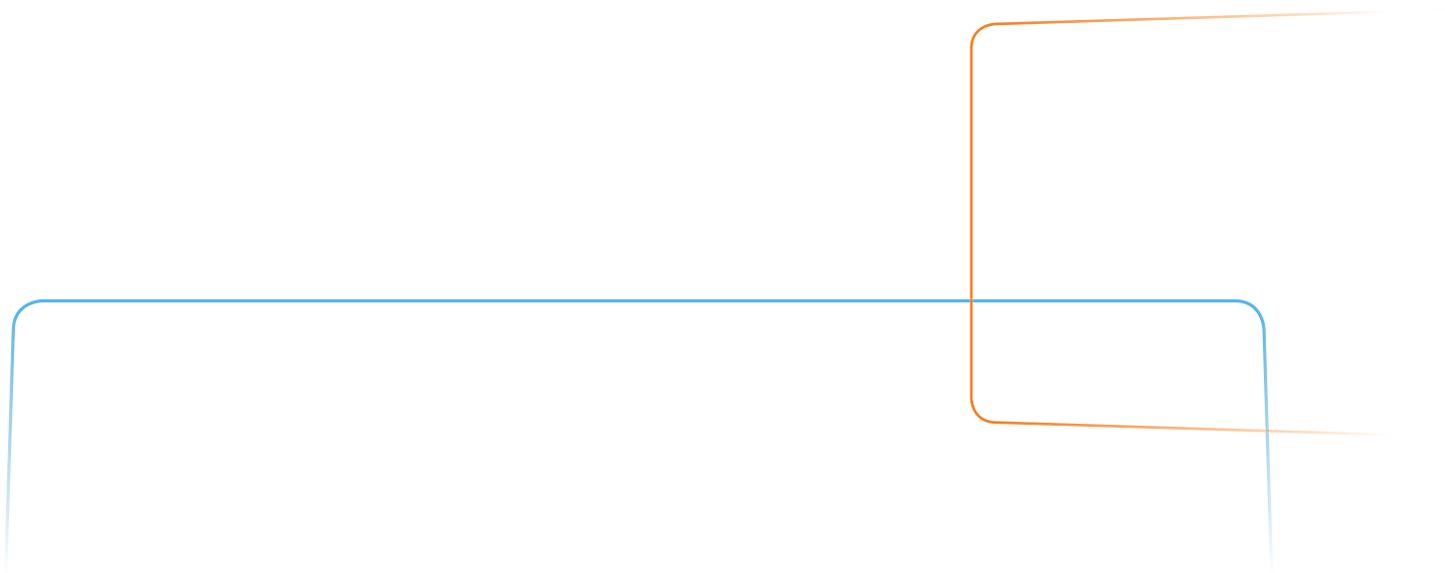
To decide if we'll cover a treatment, procedure or hospital stay, we use a process called Utilization Management (UM). UM is a program that lets us make sure you're getting the right care at the right time. Licensed health care professionals review information your doctor has sent us to see if the requested 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.



My Anthem ID card means I can always get my questions answered.



Carry an ID card that means something. Enroll now.



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.

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