

■ Ready to choose *your benefits?*

We can point you in the right direction.

Blue Preferred Plus
Shorewood School District
Effective July 1, 2017



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

In this guide, you'll find:

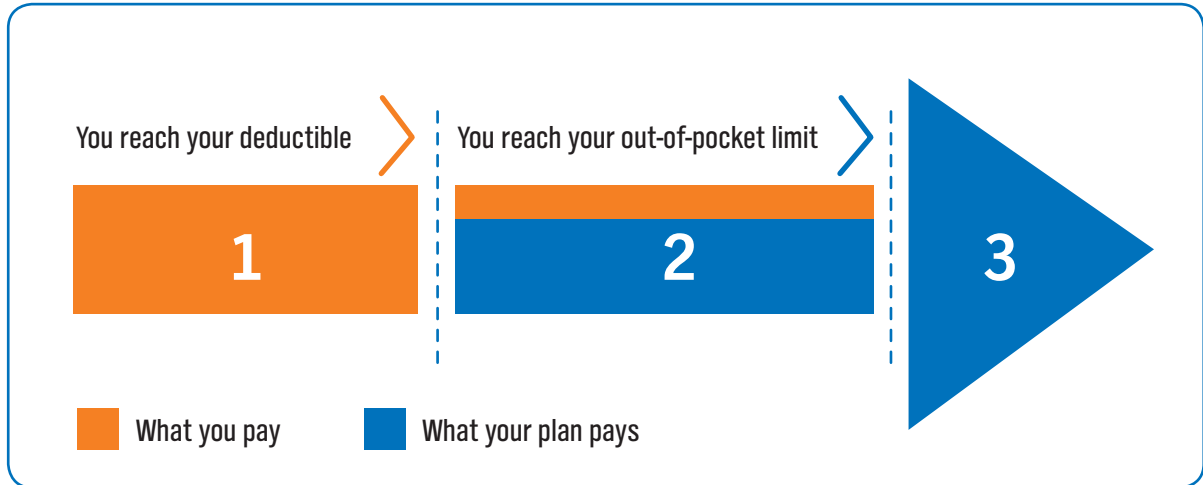
- How most health plans work
- Pharmacy benefit info
- Frequently Asked Questions (FAQ)
- Plan details
- Your privacy and rights





Getting started with health insurance

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



- 1. You pay your deductible.** This is a set amount that you pay before we share the cost for covered health care.
- 2. After you meet your deductible, you'll only pay part of the cost.** You pay a percentage of the cost, also called coinsurance, each time you get care. Your plan covers the rest.
- 3. You're protected by your plan's out-of-pocket limit.** That's the most you pay for covered health services each year.
 - What about the money for your health plan that gets deducted from your paycheck? That's the payment for your plan. Think of it like a membership fee. It's separate from what you pay when you get care.
 - Remember, this chart is only an example. Your actual costs will depend on the type of plan you choose, the service you get and the doctor you choose. To see your actual costs, please refer to your plan information.



Your pharmacy benefits

Here's an overview to help you enroll.

Getting the medicine you need is important for good health. Your plan will cover:

- Brand name and generic drugs covered by your benefits.
 - You can find out if the drug you take is covered on the **National 3-tier** Drug List by visiting [anthem.com/nationaltier3](https://www.anthem.com/nationaltier3).

Understand how your pharmacy benefits work

It's important to understand how your health plan works when you visit the pharmacy.

Your annual deductible

Before a plan starts to help pay for medicine, you may first pay a set amount out of your pocket. This is your deductible. You'll want to check the plan details to see if it has a:

- **Pharmacy deductible:** You first pay a set amount of drug costs out of your pocket and it's separate from a medical deductible.
- **Combined deductible:** You first pay a set amount for both covered medical care and drug costs out of your pocket.
- **No pharmacy deductible:** Your plan helps pay for medicine before you reach your deductible.

Save money with Tier 1 drugs

Drugs are listed in groups called "tiers." Your cost is based on which tier the drug is in. Lower-cost drugs and generics are usually in Tier 1 and 2. You can see from the chart that you'll save the most money when you use Tier 1 drugs. You'll pay more out of pocket for drugs in higher tiers.

What you pay after meeting your deductible

You pay a set amount, or copay, for medicine. Your copay will be based on which tier the drug is on. See *Save money with Tier 1 drugs* to learn more.

Once you're a member, you can check the price of a drug at different pharmacies on [anthem.com](https://www.anthem.com) and see if there are lower-cost drugs.

	Drug type	Cost
Tier 1	Preferred generic	\$
Tier 2	Preferred brand name and newer, more expensive generic drugs	\$\$
Tier 3	Non-preferred brand and generic drugs	\$\$\$



Take advantage of your pharmacy benefits



Choose a pharmacy that's in your plan.

You have many retail pharmacies to choose from. Use a pharmacy that is in your plan to get the best price. To find a pharmacy in your plan, visit [anthem.com/pharmacyinformation/rxnetworks.html](https://www.anthem.com/pharmacyinformation/rxnetworks.html) and choose the **National Plus** network list of pharmacies.



Save time with home delivery. If you take medicines regularly or need them on a long-term basis, you can save time with home delivery. You may also save money. You can get a 90-day supply of your drugs delivered to your door. Once you're a member, visit [anthem.com](https://www.anthem.com) to sign up.



Use generics for health — and wealth. Talk to your doctor about using a generic versus a brand-name drug. Because generics cost less than brand-name drugs, they'll save you money.



Use over-the-counter drugs when possible. For some health issues, you may not need to see a doctor for relief. Over-the-counter drugs can treat common health problems like allergies or an upset stomach. They aren't covered by your health plan, but you could save time and money without having to see a doctor for a prescription and they usually cost less. Keep a list of your over-the-counter drugs to show your doctor at the next visit, so he or she can make sure there are no drug interactions that could harm you.

For more information about how your pharmacy benefits work, visit [anthem.com/faqs/wisconsin/pharmacy/](https://www.anthem.com/faqs/wisconsin/pharmacy/).





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

Frequently asked questions (FAQ)

Can I keep my current doctor?

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

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

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

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

Is preventive care covered?

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

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

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

- Check on your claims.
- Find a doctor.
- Check the price of a drug and refill a prescription.
- Track your health care spending.

- Compare quality and costs at hospitals and other facilities.
- Select to receive communications by email.
- Take your Health Assessment to learn about your health risks so you can address them.

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

Do I have health and wellness benefits with my plan?

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

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

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

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

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

How can Anthem help me save money?

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

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

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



Frequently asked questions (FAQ)

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

Your plan details

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

Your Summary of Benefits



SHOREWOOD SCHOOL DISTRICT Blue Preferred Plus \$2000 Option Effective 07/01/2017

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)	\$2,000/\$4,000	\$4,000/\$8,000
Out-of-Pocket Limit (Single/Family)	\$3,000/\$6,000	\$6,000/\$12,000
Physician Home and Office Services (PCP/SCP) Primary Care Physician(PCP)/Specialty Care Physician (SCP) Including Office Surgeries and allergy serum:	\$25 / \$50	30%
· Allergy injections (PCP and SCP)	\$5	20%
· Allergy testing	0%	20%
· MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, non-maternity related Ultrasounds and Pharmaceuticals	0%	20%
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	20%
Emergency and Urgent Care		
· Emergency Room Services (facility/other covered services) (copayment waived if admitted)	\$250	\$250
· Urgent Care Center Services	\$75	20%
· MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies, Non-Maternity related Ultrasounds and Pharmaceuticals	0%	20%
· Allergy injections	\$5	20%
· Allergy testing	0%	20%
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	0%	20%
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) · 30 days per admission Network/Non-Network combined for skilled nursing facility	0%	20%
Outpatient Surgery Hospital / Alternative Care Facility · Surgery and administration of general anesthesia	0%	20%
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	0%	20%
	0%	0%

Life and Disability products underwritten by Anthem Life Insurance Company. Anthem Blue Cross and Blue Shield is the trade name of Blue Cross Blue Shield of Wisconsin (BCBSWI), CompCare Health Services Insurance Corporation (CompCare) and Wisconsin Collaborative Insurance Company (WCIC). BCBSWI underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare or WCIC; CompCare underwrites or administers HMO or POS policies; WCIC underwrites or administers Well Priority HMO or 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.

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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 Limits apply to: <ul style="list-style-type: none"> Physical therapy: 20 visits Occupational therapy: 20 visits Speech therapy: 20 visits Cardiac Rehabilitation: 36 visits Pulmonary Rehabilitation: 20 visits Accidental Dental Coverage \$3000 per accident 	\$25 / \$50 0%	20% 20%
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	20% 20% 20%
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 (National):(2) Network Tier structure equals 1/2/3 (and 4 and 5 if applicable) <ul style="list-style-type: none"> Network Retail Pharmacies: (30 day supply) Includes diabetic test strip Home Delivery (90 day supply) Includes diabetic test strip - 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. 	Preventive Rx list \$0 / \$10 / \$30 / \$60 \$25 / \$75 / \$150	50% , min \$60(3) 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 to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services where a copayment and a percentage(%) coinsurance applies and may not apply to some Behavioral Health services where coinsurance applies.
 - Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other. Network and non-network deductibles are combined for 500 series plans.
 - 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.
 - Benefit period = Calendar Year

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- 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.
- Private Duty Nursing - \$50,000 per Benefit Period and \$100,000 Lifetime
- Additional vision services covered as part of Preventive Services on series 500 plans.
- Home Care Services (Network and Non-network combined) are limited to 90 visits for 500 series plans.
- Hospice: No copayment/coinsurance up to the maximum allowable amount except 500 series plans are network 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.

(2) All prescription drug expenses except tier 1, (Network/Non-Network, Retail/Home-delivery combined) apply to the per individual RX deductible. Once the RX deductible is met, the appropriate copayment/coinsurance applies. Also, the Prescription Drug out of pocket maximum applies to Network Retail and Home-delivery combined.

(3) Rx non-network diabetic/asthmatic supplies not covered except diabetic test strips.

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.

We conduct a variety of quality improvement programs to evaluate, monitor and improve our plans. The purpose of these programs is to measure member satisfaction and quality of care. Providers are also required to participate in a strict certification process. If you have questions or concerns about the programs, you may contact us at (800) 310-9975.

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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.

PreventiveRxSM Drug List:

Basic Plus Plan (National Drug List)



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

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

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

Not all drugs on this list may be covered by your plan. Some drugs, such as those used for cosmetic purposes, may be excluded from your benefits. Please refer to your Certificate or Evidence of Coverage for coverage limitations and exclusions.

Birth control

All generic versions are included.

Kyleena
 Minastrin 24 Fe
 Natazia
 Nuvaring
 Quartette
 Skyla
 Taytulla

Blood clots

Brilinta
 Coumadin
 Eliquis
 enoxaparin
 fondaparinux
 Fragmin
 heparin
 Innohep
 Pradaxa
 Savaysa
 warfarin
 Xarelto

Bowel prep (laxatives)

Colyte
 gavilyte-h and bisacodyl
 Golytely
 Halflytely
 Moviprep
 OCL
 Osmoprep
 peg 3350/electrolytes
 peg-prep kit
 Prepopik
 Suclear
 Suprep
 Trilyte
 Visicol

Flu

oseltamivir

Relenza
 Tamiflu suspension

Heart health and high blood pressure

acebutolol hcl
 acetazolamide
 afeeditab cr
 Aldactazide 50-50mg
 amiloride hcl
 amiloride/hctz
 amlodipine besylate
 amlodipine/benazepril
 amlodipine/olmesartan
 amlodipine/valsartan
 amlodipine/valsartan/hctz
 Amturnide
 atenolol
 atenolol/chlorthalidone
 Avalide 300/25mg
 benazepril hcl
 benazepril hcl/hctz
 Benicar
 Benicar HCT
 betaxolol hcl
 bisoprolol fumarate
 bisoprolol fumarate/hctz
 bumetanide
 Byvalson
 Bystolic
 candesartan
 captopril
 captopril/hctz
 Cardene SR
 Cardizem LA 120mg
 cartia xt
 carvedilol
 chlorothiazide
 chlorthalidone
 clonidine hcl
 Clorpres
 Coreg CR
 Covera-HS

dilt-cd
 diltiazem hcl
 diltiazem hcl er
 Diuril
 doxazosin mesylate
 Dutoprol
 Dynacirc CR
 Dyrenium
 Edarbi
 Edarbyclor
 enalapril maleate
 enalapril/hctz
 Epaned
 eprosartan
 ethacrynic acid
 felodipine er
 fosinopril sodium
 fosinopril/hctz
 furosemide
 guanabenz acetate
 guanfacine hcl
 Hemangeol
 hydralazine hcl
 hydralazine/hctz
 hydrochlorothiazide
 indapamide
 Inderal XL
 Innopran XL
 irbesartan
 irbesartan/hctz
 isradipine
 labetalol hcl
 levatol
 lisinopril
 lisinopril/hctz
 losartan
 losartan/hctz
 Matzim LA
 methazolamide
 methyclothiazide
 methyldopa
 methyldopa/hctz

metolazone
 metoprolol succinate er
 Metoprolol succinate/hctz ER
 metoprolol tartrate
 metoprolol/hctz
 minoxidil
 moexipril hcl
 moexipril/hctz
 nadolol
 nadolol/
 bendroflumethiazide
 Nexiclon XR
 nifedipine hcl
 nifedipine
 nifedipine er
 nimodipine
 nisoldipine
 Nymalize
 olmesartan
 olmesartan/amlodipine/
 hctz
 olmesartan/hctz
 perindopril
 pindolol
 prazosin hcl
 Prestalia
 propranolol hcl
 propranolol hcl er
 propranolol/hctz
 Qbrexelis
 quinapril hcl
 quinapril/hctz
 ramipril
 sotalol hcl
 sotalol hcl af
 Sotylize
 spironolactone
 spironolactone/hctz
 Taztia XT
 Tekamlo
 Tekturna

PreventiveRxSM Drug List:

Basic Plus Plan (National Drug List)



Tekturna HCT
telmisartan
telmisartan/
amlodipine
telmisartan/hctz
terazosin hcl
Teveten 400mg
Teveten HCT
thalitone
timolol maleate
torsemide
trandolapril
trandolapril/
verapamil
triamterene/hctz
valsartan
valsartan/hctz
Vecamil
verapamil hcl
verapamil hcl er

High cholesterol

Advicor
Altoprev
Antara 30, 90mg
atorvastatin
atorvastatin/
amlodipine
cholestyramine
cholestyramine light
colestipol hcl
ezetimibe
fenofibrate
fenofibric acid, dr
fenoglide
fluvastatin, ER
gemfibrozil
Lipofen

Liptruzet
Livalo
lovastatin
niacin ER
Niacor
omega-3 ethyl ester
1 gram capsule
pravastatin
Prevalite
rosuvastatin
Simcor
simvastatin
Triglide
Vascepa
Vytorin
Welchol

Malaria

atovaquone/
proguanil
chloroquine
Daraprim
hydroxychloroquine
mefloquine hcl
primaquine
quinine sulfate
capsule

Nausea, vomiting

Aloxi
Akynzeo
Antivert 50mg
Anzemet
aprepitant
Cesamet
chlorpromazine hcl
Diclegis
dimenhydrinate

dronabinol
granisetron hcl
ondansetron hcl
ondansetron odt
prochlorperazine
promethazine hcl
Scopace
Transderm-Scop
trimethobenzamide
hcl
Varubi
Zuplenz

Osteoporosis

alendronate sodium
Alora
Angeliq
Binosto
Cenestin
Climara Pro
Combipatch
Duavee
Enjuvia
estradiol/
norethindrone
acetate
est. estrogens with
methyltestosterone
Estraderm
estradiol tab, patch
estropipate
Femtrace
Forteo
fortical
Fosamax Plus D
ibandronate
medroxyprogesterone
acetate

Menest
Menostar
Miacalcin
Minivelle
Ogen
Prefest
Premarin tablets
Premphase
Prempro
Prolia
raloxifene
risedronate
zoledronic acid
(generic Reclast)

Stopping smoking

bupropion hcl sr
(generic Zyban only)
Chantix
Nicotrol inhaler
Nicotrol NS

Stroke

aspirin/dipyridamole
cilostazol
clopidogrel bisulfate
Durlaza ER
dipyridamole
Effient
ticlopidine hcl
Yosprala
Zontivity

Vaccines

All brand and generic
versions are included.

Vitamins

All generic versions
are included.
Prenatal vitamins
(taken during
pregnancy)
Prescription
multivitamins with
fluoride
Prescription
multivitamins with
fluoride and iron

Weight loss

Belviq XR
benzphetamine hcl
Contrave
diethylpropion hcl
diethylpropion hcl er
phendimetrazine
phentermine hcl
Qsymia
Regimex
Suprenza ODT
Xenical

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Looking for a doctor?

Finding one online is fast and easy

Use our online **Find a Doctor** tool to look for doctors, hospitals, labs and other health care providers in your Anthem Blue Cross and Blue Shield plan. Check if your favorite doctor is part of your plan, or look for one near you. Avoid getting care from doctors outside of your plan if you can – it will cost you more or your plan may not cover it all.



Here's all you need to do:


If you're a member

Go to anthem.com, select the member icon  and log in.

Under *Useful Tools* on the right, select **Find a Doctor**.

If you're not a member yet

Go to anthem.com.

Select **Menu**  and then choose **Find a Doctor**.

Next, select a type of doctor, place or name. Select **Search**.

First answer a few questions, so we can help find you the right plan and doctor in your plan. Then select your network: **Blue Preferred Plus POS w/Pref Retail Clinic**. Next, select a type of doctor, place or name. Select **Search**.

Select a doctor to see more information, such as:

- Training
- Specialties
- Languages spoken
- Address (including a map)
- Phone number

Going mobile

Use your mobile device to search for doctors, hospitals and more with our free app from the App Store® or Google Play™. Just search for Anthem Anywhere and download the app.

*If you don't know the name of the plan or network, check with your human resources department or benefits administrator.







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You've got quick access to your health care!






Register on anthem.com or the Anthem Anywhere mobile app.*



From your computer

-  Go to anthem.com and select the  icon above
Already a member? Sign in here.
-  Provide the personal information requested
-  Create a username and password
-  Set your email preferences
-  Follow the prompts to complete your registration

From your mobile device

-  Download the free Anthem Anywhere mobile app and select **Register**
-  Confirm your identity
-  Create a username and password
-  Set your email preferences
-  Follow the prompts to complete your registration



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

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

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Simple. Convenient. Smart.

Anthem.com at your service when you need it!



See your benefits

Check what your plan covers and how much you might pay for care.



Find a doctor

Look for doctors in your plan and save on care.



Check your claims

See what's covered and what you owe for care.



Get your medication

Refill your prescriptions online.



Get discounts

Save on health-related products and services.



Estimate your costs

Compare costs and quality for common procedures.



Manage your health care accounts

Pay or reimburse yourself for health care expenses. See your account balance anytime.



You can do more in less time — just log in at anthem.com.

Don't forget: You can have your health information at your fingertips anytime through the Anthem Anywhere mobile app.



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Getting started with home delivery pharmacy

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

Here's how to start:

Step one

Create your account and print your order form

There are two ways to do this:

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

This takes you to the Express Scripts[®] website. You can find out how to:

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

Step two

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

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

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

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

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

Step three

Paying for your prescription

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

Step four

Send us your prescription

You can send us your prescription in two ways:

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

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

Important to know

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

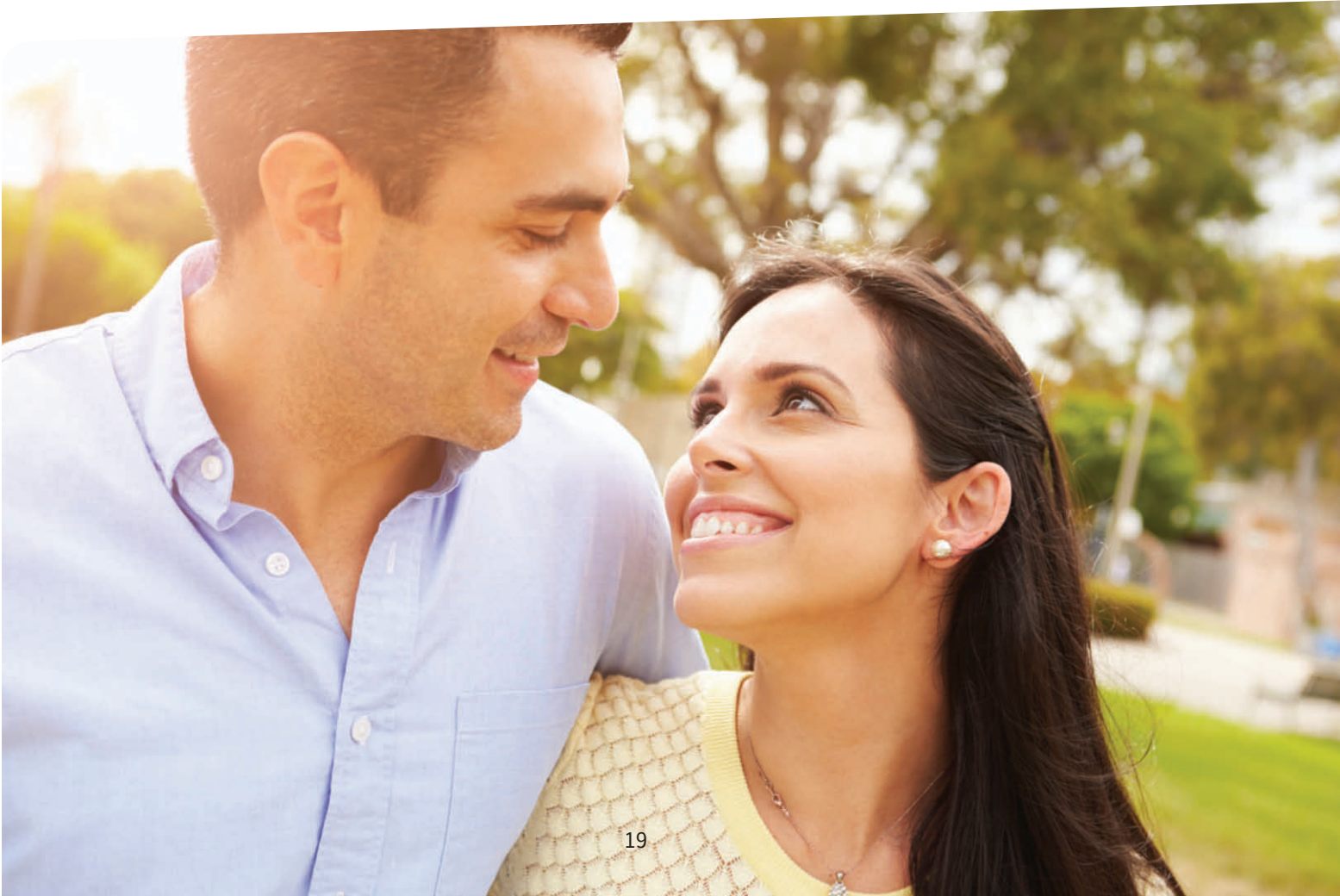
Need help getting started?

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

*Based on drug benefit plan design.

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

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LiveHealth Online

Quick and easy access
to a doctor 24/7



Have you ever been at work and didn't feel well? Maybe you had a fever or a sore throat but you didn't have time to leave and see your doctor or go to urgent care. Now, with LiveHealth Online, you can see a board-certified doctor in minutes.

Just use your smartphone, tablet or computer with a webcam. It's so convenient, almost 90% of people who've used it feel they saved two hours or more and would use it again in the future.¹ Plus, online visits using LiveHealth Online are already part of your Anthem Blue Cross and Blue Shield benefits. To start using LiveHealth Online, all you need to do is sign up at livehealthonline.com or download the app.

Sign up for free today and get:

- 1. 24/7 access to doctors.** They can assess your condition, provide treatment options and even send a prescription to the pharmacy of your choice, if needed.² It's a great way to get care when your doctor isn't available.
- 2. Medical care when you need it.** For things like the flu, a cold, sinus infection, pink eye, rashes, fever and more.
- 3. Convenience.** Since there are no appointments or long waits. In fact, most people are connected to a doctor in about 10 minutes or less.

Doctors using LiveHealth Online typically charge \$49 or less per visit, depending on your health plan.

LiveHealth Online Psychology

An easy, convenient way to see a therapist or psychologist in just a few days

If you're feeling stressed, worried, or having a tough time, you can talk to a licensed psychologist or therapist through video using LiveHealth Online Psychology. It's easy to use, private and, in most cases, you can see a therapist within four days or less.³ All you have to do is sign up at livehealthonline.com or download the app to get started. The cost is similar to what you'd pay for an office therapy visit.

Make your first appointment – when it's easy for you

- Use the app or go to livehealthonline.com and log in. Select **LiveHealth Online Psychology** and choose the therapist you'd like to see.
- Or, call LiveHealth Online at **1-844-784-8409** from 7 a.m. to 11 p.m.
- You'll get an email confirming your appointment.



LiveHealth Online: what you need to know

What kind of doctors can you see on LiveHealth Online?

Doctors on LiveHealth Online are:

- Board certified with an average of 15 years of practicing medicine
- Mainly primary care physicians
- Specially trained for online visits

When can you use LiveHealth Online?

LiveHealth Online is a great option for care when your own doctor isn't available and more convenient than a trip to the urgent care. With LiveHealth Online, you can receive medical care for things like:

- Cold and flu symptoms, such as a cough, fever and headaches
- Allergies
- Sinus infections and more

How do I pay for an online visit using LiveHealth Online?

LiveHealth Online accepts Visa, MasterCard and Discover cards as payment for an online doctor visit. Keep in mind that charges for prescriptions aren't included in the cost of your doctor visit.

LiveHealth Online Psychology

What conditions can be treated when you have a visit with a psychologist or therapist?

You can get help for these types of conditions:

- Stress
- Anxiety
- Depression
- Family or relationship issues
- Grief
- Panic attacks
- Stress from coping with a sickness



How much does a therapist visit cost?

The cost should be similar to what you'd pay for an office therapy visit, depending on your benefits, copay or coinsurance. You'll see what you owe before you start a visit and any cost is charged to your credit card. The cost is the same no matter when you have the visit — whether it's a weekday, the weekend, evening or a holiday.

How do I decide which therapist to see?

After you log in at livehealthonline.com or with the app, select **LiveHealth Online Psychology**. Next, you can read profiles of therapists and psychologists. Once you select the one you would like to see, schedule a visit online or by phone. At the end of the first visit, you can set up future visits with the same therapist if both of you feel it's needed. You always have the choice of the therapist you want to see.

What else do I need to know about LiveHealth Online Psychology?

- You must be at least 18 years old to see a therapist online and have your own LiveHealth Online account.
- Psychologists and therapists using LiveHealth Online do not prescribe medications.
- Visits usually last about 45 minutes.

Get started today

It's quick and easy to sign up for LiveHealth Online. Just go to livehealthonline.com or download the mobile app at [Google Play™](https://play.google.com/store/apps/details?id=com.livehealthonline) or the [App StoreSM](https://apps.apple.com/us/app/livehealth-online/id1444444444).



LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem Blue Cross and Blue Shield. Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

1 LiveHealth Online user feedback survey, May 2015.

2 Prescription availability is defined by physician judgment and state regulations. LiveHealth Online is available in most states and is expected to grow more in the near future. Please visit the map at livehealthonline.com for more details.

3 Appointments subject to availability of a therapist.

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Choose an easier way to better health

Health and wellness programs designed for your unique needs



Whether you're suffering from asthma, expecting a baby, or just fighting a cold, our health and wellness programs can help. They even include toll-free access to a nurse any time, any day.

Condition Care

If you have a long-term health problem, ConditionCare is for you. It's a program that helps people with asthma, chronic obstructive pulmonary disease (COPD), diabetes, heart failure, coronary artery disease (CAD) and more. When you join the program, we'll give you the tools and resources you need to take charge of your health. You'll also get:

- 24/7 phone access to a nurse care manager who can answer your questions and give you up-to-date information about your condition.
- A health review and follow-up calls if you need them.
- Tips on prevention and lifestyle choices to help you improve your quality of life.

Future Moms

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

- 24/7 phone access to a nurse coach you can talk to about your pregnancy and your health. 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 over the next nine months.
- Useful tools to help you, your doctor and your Future Moms nurse coach track your pregnancy and spot possible risks. You'll also get tips and resources to help you make better decisions and prepare for the birth of your baby.

24/7 NurseLine

You can call any time to talk to a registered nurse about your health concerns. You can get answers to questions, whether you're sick or not.

Need health care right away? A nurse can help you decide where to go if your doctor isn't available. Going to the right place can save you time and money. And you can access better care, too.

Get the support you need

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

- 866-647-6120



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, 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 obtain 50% off All Access Enrollment plus 5% off all Jenny Craig Food.

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 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.

Garmin – Save 20% on the vivofit 2, vivosmart, vivoactive, or Forerunner 15 wearable activity trackers.



Special Offers 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.

HelpCare Plus – Get discounts on Senior Care Services by paying \$11.25 per month. You even get a pharmacy discount card.

Medicine and treatment

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

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 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.

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Take care of yourself

Use your preventive care benefits



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

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

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

Preventive vs. diagnostic care

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

Adult preventive care

Preventive physical exams

Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and computed tomography (CT) colonography (as appropriate)
- 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 body mass index (BMI)
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years³
- Obesity: related screening and counseling
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

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

Women's preventive care:

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met⁴
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling^{5,6,7}
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those with a high risk of breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- HPV screening⁶
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression⁶
- Pelvic exam and Pap test, including screening for cervical cancer

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

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

Child preventive care

Preventive physical exams

Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and BMI
- Hemoglobin or hematocrit (blood count)
- HPV screening (female)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10–24 with fair skin about lowering their risk for skin cancer
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening when done as part of a preventive care visit²

Immunizations:

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

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

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

³ You may be required to get preapproval for these services.

⁴ Check your medical policy for details.

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

⁶ This benefit also applies to those younger than age 19.

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



Let's talk about your privacy and rights

As a member, you have the right to expect the privacy of your personal health information to be protected, consistent with state and federal laws and our policies. And you also have certain rights and responsibilities when receiving your health care.

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

How we help manage your care

To decide if we'll cover a treatment, procedure or hospital stay, we use a process called Utilization Management (UM). UM is a program that lets us make sure you're getting the right care at the right time. Licensed health care professionals review information your doctor has sent us to see if the requested care is medically needed. These reviews can be done before, during or after a member's treatment. UM also helps us decide if the services will be covered by your health plan.

We also use case managers. They're licensed health care professionals who work with you and your doctor to help you

learn about and manage your health conditions. They also help you better understand your health benefits.

To learn more about how we help manage your care, visit www.anthem.com/memberrights. To request a printed copy, please contact your Benefits Administrator or Human Resources representative.



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



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