

Choosing and using your plan

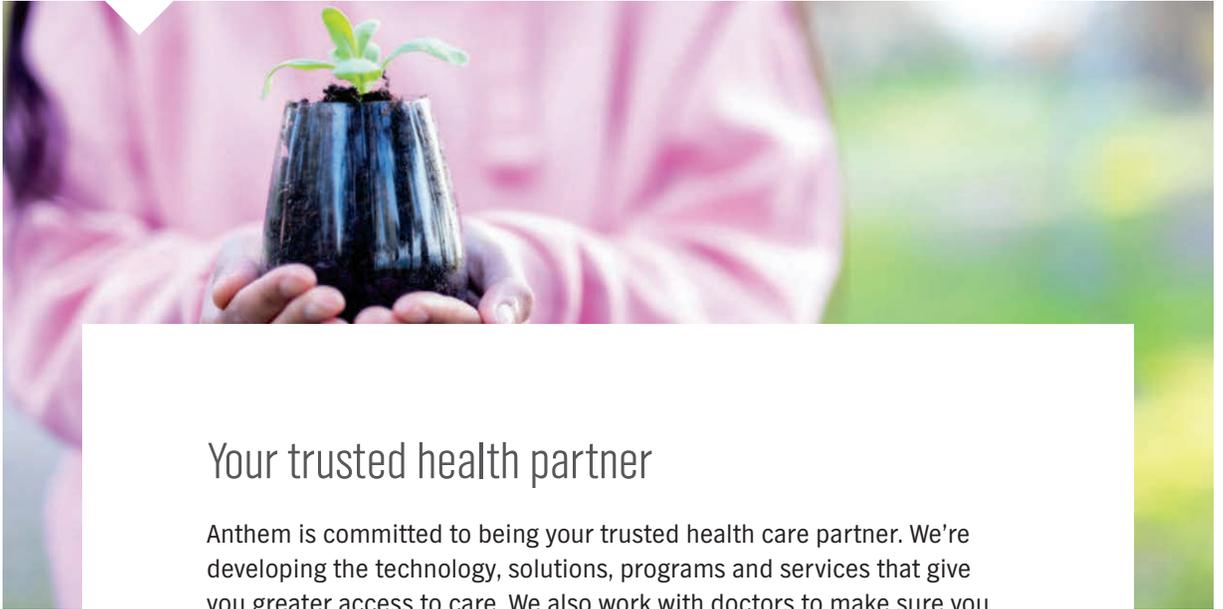
Your guide to open enrollment and
making the most of your benefits



The Village for Families & Children
Effective July 1, 2020



It's time to choose your plan



Your trusted health partner

Anthem is committed to being your trusted health care partner. We're developing the technology, solutions, programs and services that give you greater access to care. We also work with doctors to make sure you get affordable, quality health care.

Save this guide

You'll find tips on how to make the most of your benefits and save on health care costs throughout the year.





It's time to choose your plan

Let's get started

This is the perfect time to think about your health — where you are right now and where you want to be tomorrow. It's your opportunity to check out the benefits, programs and resources that can support your health and well-being all year long.

This guide will help you understand our plans. It's also full of tips, tools and resources that can help you reach your health and wellness goals when you become a member. So keep it handy to make the most of your benefits throughout the year.



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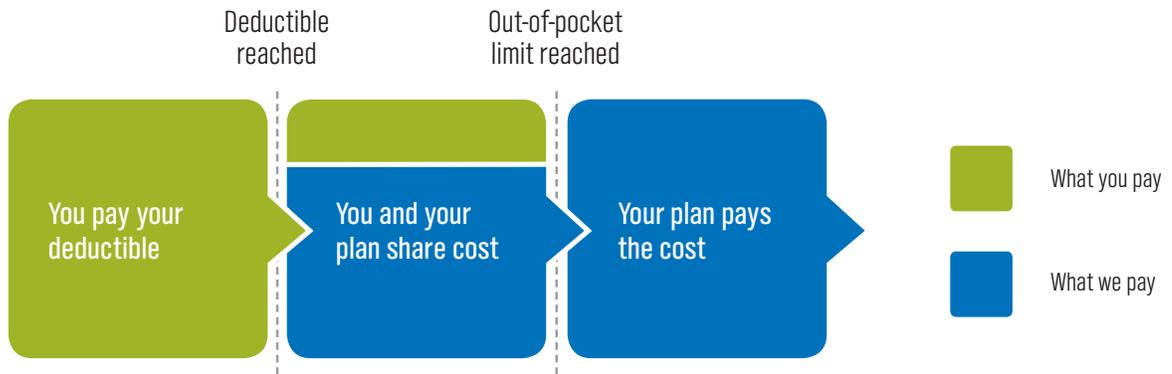


The basics explained

Before we dive into the plan details, it may be helpful to review some health benefit basics.



What you pay and what your plan pays



This chart is only an example. Your actual cost share will depend on your plan, the service you get and the doctor you choose. Check your plan details to see your actual share of the cost.



Words that are helpful to know

We can help you crack the code of health insurance lingo. Here are the meanings of some common terms:

<p>Deductible:</p> <p>A set amount you pay each year for covered services before your plan starts to pay for covered health care costs.</p>	<p>Copay:</p> <p>A flat fee you pay for covered services like doctor visits.</p>	<p>Coinsurance:</p> <p>Once you've met your deductible, you and your health plan share the cost of covered health care services. The coinsurance is your share of the costs, usually a percent of the cost of care. Your plan details show what portion of the cost you'll pay.</p>
<p>Out-of-pocket limit:</p> <p>This is the most you have to pay out of your own pocket each year for covered services. This amount may include your deductible and your percentage of the costs, depending on your plan. And some plans may still have you pay a copay at the time of service.</p>	<p>Premium:</p> <p>The premium, also called a monthly payment, is what you pay for the plan. It's the money that comes out of your paycheck. Think of it like a membership fee that's separate from what you pay when you get care.</p>	



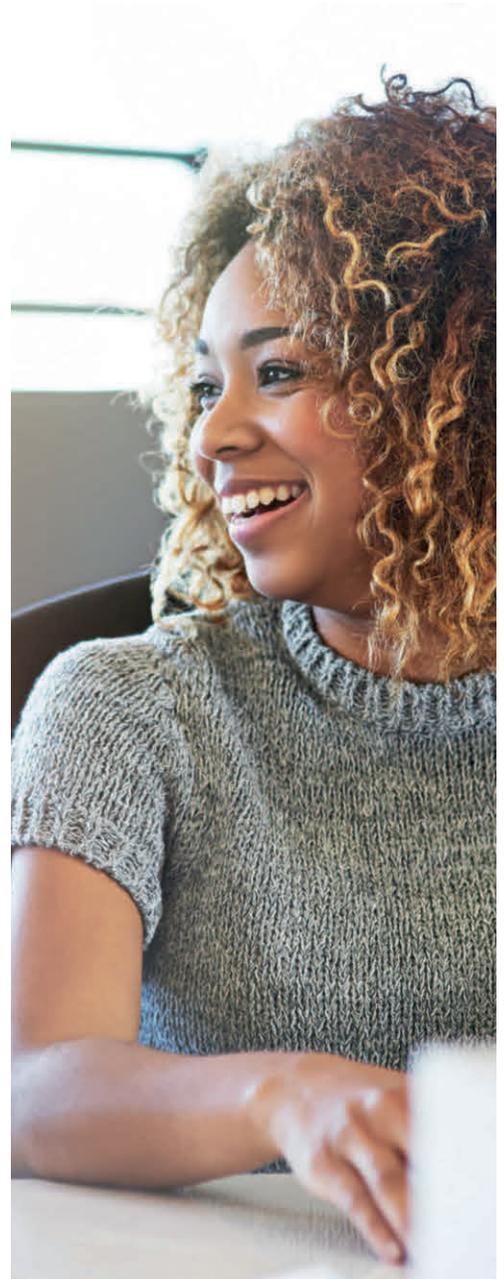
Explore your plan options

Let's take a look at the plan your employer is offering.

PPO

With a Preferred Provider Organization (PPO), you can go to almost any doctor or hospital and you're covered – giving you more choices and flexibility. You get special rates for doctors in your plan, which lowers your out-of-pocket costs.

- You can choose a primary care provider (PCP) from the plan for preventive care, like checkups and screenings.
- You don't need to have a PCP to see a specialist.
- When you want to see a specialist, like an orthopedic doctor or a cardiologist, you don't need to visit your PCP first to get a referral. This can save you time and a copay.
- You'll pay less if you use doctors who are part of the PPO.
- You can see providers who aren't part of the PPO, but you'll pay more.
- Once you pay your deductible, you'll pay a percentage of the total cost (also called coinsurance) anytime you get care for a covered service. Your plan will cover the rest.





Dental benefits

Dental PPO

Dental benefits not only protect your teeth, but can support overall health, too. Some conditions like heart disease, for example, can have warning signs in the mouth and gums. Our dental plan gives you all the benefits you need for a healthy mouth and more.

Visit [anthem.com/mydentalppo](https://www.anthem.com/mydentalppo) to watch a video and learn more about a dental PPO plan.

Your dental plan benefits cover:

- Most preventive and diagnostic services at 100%. That includes things like cleanings and X-rays.
- More dental services, including an extra periodontal cleaning if you're enrolled in certain care management programs.
- Discounts through SpecialOffers@AnthemSM.

Use the **Sydney Health** app or visit [anthem.com](https://www.anthem.com) to:

- Find a dentist in your plan and pay less.
- Order extra ID cards or use your mobile ID card through the **Sydney Health** app.
- Find out the status of a claim.
- Get a health score for your gums and teeth using our Dental Health Assessment tool.
- Email a dental hygienist your dental questions through our Ask a Hygienist tool.

Dental tools that won't hurt a bit

Your plan comes with handy tools to help you get the best care and save money:

- **Dental Care Cost Estimator:** Lets you estimate common dental procedures and treatments.
- **The right dentist can make all the difference – and choosing one in your plan can save you money, too.** Use our Find a Doctor tool on [anthem.com](https://www.anthem.com).





Vision benefits

When you choose Blue View VisionSM, you'll be covered for checkups and eye exams and you'll get allowances for the glasses or contacts you rely on.

Blue View Vision gives you access to more than 38,000 eye doctors at more than 27,000 locations across the country so you can find eye care and eyewear close to home and work. Locations include retail stores like LensCrafters®, Target Optical® and most Pearle Vision® stores. You can order glasses and contacts online through **Glasses.com**, **ContactsDirect** or **1-800-CONTACTS**.

Blue View Vision's International Travel Solution helps you when traveling outside of the U.S.:

- Find a trusted eye doctor in 20 countries and territories.¹
- Get 24/7 phone support with translation services in 160 languages.
- If you lose or break your glasses, you can get temporary emergency glasses with adjustable lenses delivered within 24 hours in most locations at no additional cost.

Keep an eye on your health

Routine eye checkups go beyond making sure you can see clearly. They also can catch other health problems early, like diabetes, high blood pressure, high cholesterol and rheumatoid arthritis.²



¹ Available in Australia, Austria, Brazil, Canada, Chile, China, Colombia, Ecuador, England, France, Germany, Hong Kong SAR, Italy, Japan, Mexico, New Zealand, Peru, Puerto Rico, U.S., Spain and Switzerland.

² American Optometric Association website, *Evidence-Based Clinical Practice Guideline, Comprehensive Adult Eye and Vision Examination 2015* (accessed February 2019): aoa.org.



Life insurance and disability plans

Life insurance

Life insurance is designed to pay benefits should something happen to you. But we go beyond just sending a benefit check. You'll have access to:

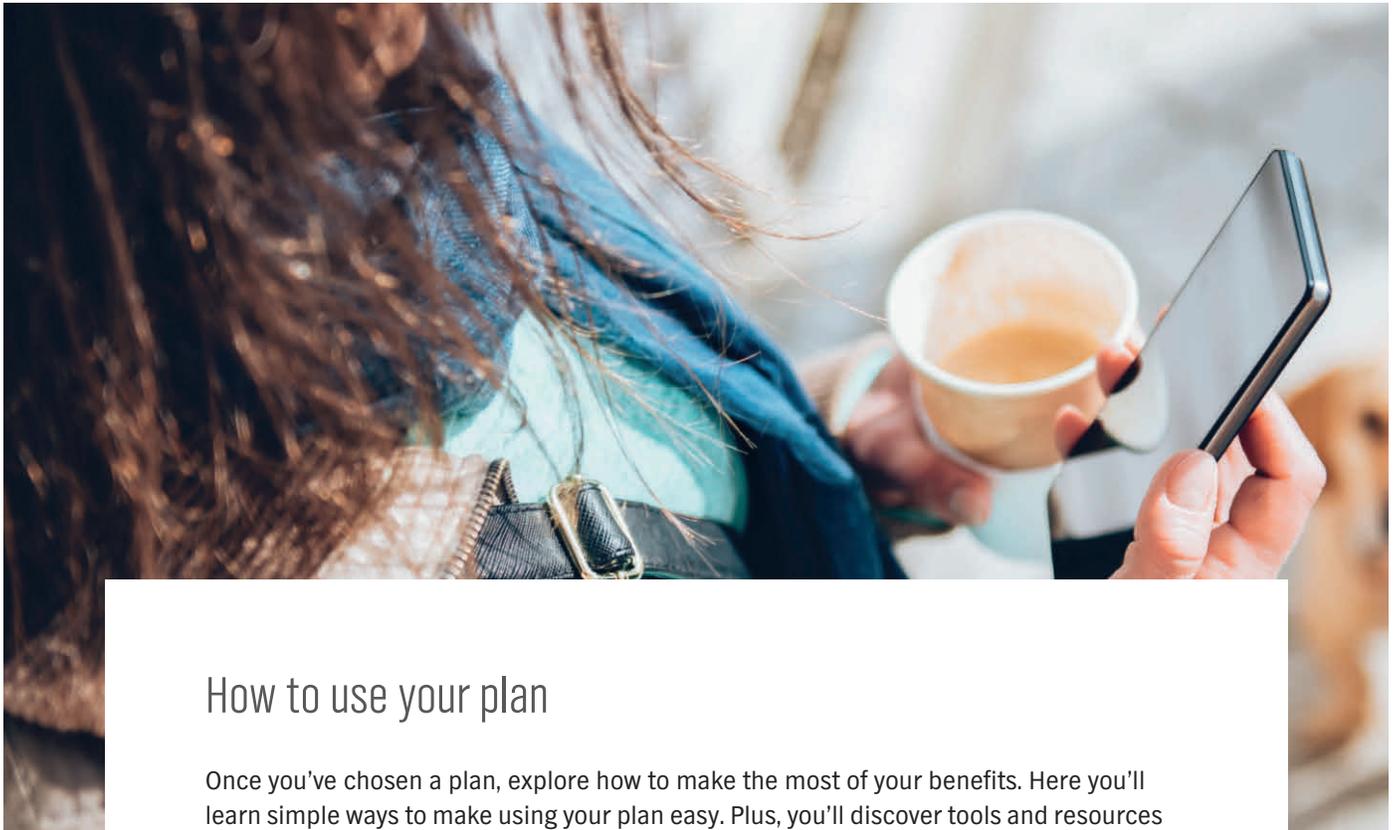
- **Resource Advisor** can help you right now at no extra cost. You can get help to create a will, establish a budget and financial plan, cope with identity theft, manage a legal issue, or get personal counseling. Grief counseling, legal and financial advice, and other guidance are also available to your family for six months if anything should happen to you.
- **Travel assistance** gives you access to emergency medical and travel services if you're traveling more than 100 miles from home.
- **Living benefits** allow you to get part of your life insurance benefits early if you're terminally ill. Your beneficiary may get an extra benefit if your death or certain injuries are caused by an accident.
- **Beneficiary support** can help your survivors settle your estate and handle other matters when you pass away. Plus, your beneficiaries can contact your Resource Advisor for grief counseling, legal and financial advice, and other guidance for six months should anything happen to you.

Short-term disability

If you're not able to work because of a certain accident or illness, Anthem Life short-term disability benefits can help give you the financial backup you need. We help you get back to work — and back to your life — with face-to-face and telephone counseling and other support services.

Long-term disability

If a lengthy illness or injury keeps you from work for an extended period of time, Anthem Life long-term disability benefits can give you peace of mind. We provide services to help you get back to work and improve your health, including behavioral health counseling, legal services and financial advice.



How to use your plan

Once you've chosen a plan, explore how to make the most of your benefits. Here you'll learn simple ways to make using your plan easy. Plus, you'll discover tools and resources that can help you reach your health and wellness goals. With Anthem, supporting your healthiest self is all part of the plan!



How to use your plan

Use your ID card right from your phone

Introducing the **Sydney Health** mobile app. With **Sydney Health** you can find everything you need to know about your benefits – all in one place. You'll have a custom experience that's based on your plan, your specific health care needs and lots more. And you can quickly access your digital ID card to show it to your doctor. You can even use **Sydney Health** to track your health goals, find care, compare costs, and manage your claims.

Have a question? **Sydney Health** acts like a personal health guide, answering your questions and connecting you to the right resources at the right time. And you can use the chatbot to get answers quickly. **Sydney Health** makes it easier to get things done, so you can spend more time focusing on your health. Get started by downloading the **Sydney Health** mobile app.

Register for online tools and resources

Accessing your health plan on your mobile phone or computer makes life so much easier. Register on the **Sydney Health** mobile app and **anthem.com** to get personalized information about your health plan and more. You can:

- Quickly access your digital ID card.
- Find a doctor and estimate your costs before you go.
- View your claims, see what's covered and what you may owe for care.
- Get support managing your health conditions and tracking your goals.
- Update your email and communication preferences.



How to use your plan

Find a doctor in your plan

The right doctor can make all the difference – and choosing one in your plan can save you money, too. So you'll be happy to know your plan includes lots of top-notch doctors. If you decide to get care from doctors outside the plan, it'll cost you more and your care might not be covered at all.

It's easy to find a doctor in your plan. Simply use the **Find a Doctor** tool on the **Sydney Health** mobile app or at **anthem.com** to search for doctors, hospitals, labs and other health care professionals.

Schedule a checkup

Preventive care, like regular checkups and screenings, can help you avoid health problems down the road. Your plan covers these services at little or no extra cost when you see a doctor in your plan:

- Yearly physicals
- Well-child visits
- Flu shot
- Routine shots
- Screenings and tests

Check your plan details on the **Sydney Health** mobile app or **anthem.com** to confirm what preventive care is covered.

Your summary of benefits

Anthem Blue Cross and Blue Shield

Your Plan: Anthem Century Preferred PPO CGHSA1734 \$1500/0%/\$2500 Rx \$5/\$25/\$40

Your Network: Century Preferred

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible <i>See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.</i>	\$1,500 person / \$3,000 family	\$2,500 person / \$5,000 family
Out-of-Pocket Limit <i>When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.</i>	\$2,500 person / \$5,000 family	\$4,500 person / \$9,000 family
Preventive care/screening/immunization <i>In-network preventive care is not subject to deductible, if your plan has a deductible. Included are the preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.</i>	No charge	30% coinsurance after deductible is met
Doctor Home and Office Services Primary care visit to treat an injury or illness	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Specialist care visit	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Routine Prenatal Care Routine Postnatal Care	No Charge	30% coinsurance after deductible is met
	No Charge	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Other practitioner visits:</p> <p>Retail health clinic</p> <p>On-line Medical Visit <i>Live Health Online is the preferred telehealth solutions (www.livehealthonline.com)</i></p> <p>Chiropractic services <i>Coverage is limited to 20 visits per benefit period. Limit is combined In-Network and Non-Network.</i></p> <p>Acupuncture <i>Coverage is limited to Pain Management.</i></p>	<p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p>Other services in an office:</p> <p>Allergy testing</p> <p>Chemo/radiation therapy</p> <p>Dialysis/Hemodialysis</p> <p>Prescription drugs <i>For the drugs itself dispensed in the office thru infusion/injection.</i></p>	<p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>
<p>Diagnostic Services</p> <p>Lab: Office</p>	<p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Freestanding/Site-of-Service Lab	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
X-ray:		
Office	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding/Site-of-Service Radiology Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Advanced Diagnostic Imaging: <i>Imaging services include MRI, MRA, CAT, CTA, PET, and SPECT scans</i>		
Office	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Freestanding/Site-of-Service Radiology Center	0% coinsurance after deductible is met	30% coinsurance after deductible is met
Outpatient Hospital	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Emergency and Urgent Care</p> <p>Urgent Care</p> <p>Emergency Room Facility Services</p> <p>Emergency room doctor and other services</p> <p>Ambulance Transportation</p>	<p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p> <p>Covered as In-Network</p>
<p>Outpatient Mental Health and Substance Use Disorder</p> <p>Doctor office visit and Online Visit</p> <p>Facility visit: Facility fees</p> <p>Doctor Services</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p>Outpatient Surgery</p> <p>Facility fees:</p> <p>Hospital</p> <p>Freestanding Surgical Center</p> <p>Doctor and other services</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Hospital Stay (all Inpatient stays including Maternity, Mental/Behavioral Health, Substance Abuse, Infertility, Hospice and Human Organ and Tissue Transplant services):</p> <p>Facility fees (for example, room & board)</p> <p>Doctor and other services</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p>Recovery & Rehabilitation</p> <p>Home health care <i>Coverage is limited to 100 visits per benefit period. Limit is combined In-Network and Non-Network.</i></p>	<p>0% coinsurance after deductible is met</p>	<p>20% coinsurance after deductible is met</p>
<p>Rehabilitation services (for example, physical/speech/occupational therapy):</p> <p>Office <i>Coverage for rehabilitative and habilitative physical therapy, occupational therapy, and speech therapy combined is limited to 40 visits per benefit period. Limit is combined across professional visits and outpatient facilities. Limit is combined In-Network and Non-Network</i></p> <p>Outpatient hospital <i>Coverage for rehabilitative and habilitative physical therapy, occupational therapy, and speech therapy combined is limited to 40 visits per benefit period. Limit is combined across professional visits and outpatient facilities. Limit is combined In-Network and Non-Network</i></p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>
<p>Cardiac rehabilitation</p> <p>Office</p> <p>Outpatient hospital</p>	<p>0% coinsurance after deductible is met</p> <p>0% coinsurance after deductible is met</p>	<p>30% coinsurance after deductible is met</p> <p>30% coinsurance after deductible is met</p>

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
<p>Skilled nursing care (in a facility) <i>Coverage for In-Network Provider and Non-Network Provider combined is limited to 90 days per benefit period.</i></p>	0% coinsurance after deductible is met	30% coinsurance after deductible is met
<p>Hospice</p>	0% coinsurance after deductible is met	30% coinsurance after deductible is met
<p>Durable Medical Equipment <i>Coverage for hearing aids is limited to 1 per ear every 2 years.</i></p>	0% coinsurance after deductible is met	30% coinsurance after deductible is met
<p>Prosthetic Devices <i>Mandatory coverage of a wig if prescribed by a licensed oncologist for a patient who suffers hair loss as a result of chemotherapy. Member cost share for prosthetic arms, legs and microprocessors is 0% coinsurance after deductible when In-Network.</i></p>	0% coinsurance after deductible is met	30% coinsurance after deductible is met
<p>Vision <i>Annual vision examine with refraction</i></p>	0% coinsurance after deductible is met	30% coinsurance after deductible is met

Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	Combined with medical deductible	Combined with medical deductible
Pharmacy Out of Pocket	Combined with medical out of pocket	Combined with medical out of pocket
Prescription Drug Coverage <i>Essential Drug List</i> <i>This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies.</i>		
Tier 1 - Typically Generic <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.</i>	\$5 copay per prescription after deductible (retail only). \$10 copay per prescription after deductible (home delivery only).	30% coinsurance after deductible is met (retail and home delivery).
Tier 2 – Typically Preferred Brand <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.</i>	\$25 copay per prescription after deductible (retail only). \$50 copay per prescription after deductible (home delivery only).	30% coinsurance after deductible is met (retail and home delivery).
Tier 3 - Typically Non-Preferred Brand <i>Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.</i>	\$40 copay per prescription after deductible (retail only). \$80 copay per prescription after deductible (home delivery only).	30% coinsurance after deductible is met (retail and home delivery).

Your summary of benefits

Notes:

- The family deductible and out-of-pocket maximum are non-embedded meaning the cost shares of all family members apply to one shared family deductible and one shared family out-of-pocket maximum. The individual deductible and individual out-of-pocket maximum only apply to individuals enrolled under single coverage
- Your coinsurance, copays and deductible count toward your out of pocket amount.
- For additional information on this plan, please visit sbc.anthem.com to obtain a "Summary of Benefit Coverage".
- If your plan includes out of network benefits, all services with calendar/plan year limits are combined both in and out of network.
- If your plan includes out of network benefits and you use a non-participating provider, you are responsible for any difference between the covered expense and the actual non-participating providers charge. When receiving care from providers out of network, members may be subject to balance billing in addition to any applicable copayments, coinsurance and/or deductible. This amount does not apply to the out of network out of pocket limit.

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Questions: Visit us at www.anthem.com

CT/L/Anthem Century Preferred PPO CGHSA7134 \$1500/0%/\$2500 Rx \$5/\$25/\$40

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:

If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (844) 682-6553.

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على (844) 682-6553.

Armenian (հայերեն). Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (844) 682-6553:

Chinese(中文): 如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電 (844) 682-6553。

Farsi (فارسی): در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادریتان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره (844) 682-6553 تماس بگیرید.

French (Français): Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (844) 682-6553.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nempòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (844) 682-6553.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (844) 682-6553.

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(844) 682-6553 にお電話ください。

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (844) 682-6553 로 문의하십시오.

Navajo (Diné): Dii naaltsoos biká'ígíí lahgo bina'idiikidgo ná bohónéedzá dóo bee ahóót'i' t'áá ni nizaad k'ehj bee níl hodoonih t'áadoo bááh ilínígóó. Ata' halne'ígíí la' bich'i' hadeesdzih nínizingo koj' hodiilnih (844) 682-6553.

Language Access Services:

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (844) 682-6553.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (844) 682-6553 ਤੇ ਕਾਲ ਕਰੋ।

Russian (Русский): если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (844) 682-6553.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (844) 682-6553.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (844) 682-6553.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (844) 682-6553.

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.



The Summary of Benefits and Coverage (SBC) document will help you choose a health [plan](#). The SBC shows you how you and the [plan](#) would share the cost for covered health care services. **NOTE: Information about the cost of this [plan](#) (called the [premium](#)) will be provided separately. This is only a summary.** For more information about your coverage, or to get a copy of the complete terms of coverage, <https://eoc.anthem.com/eocdps/fi>. For general definitions of common terms, such as [allowed amount](#), [balance billing](#), [coinsurance](#), [copayment](#), [deductible](#), [provider](#), or other [underlined](#) terms see the Glossary. You can view the Glossary at www.healthcare.gov/sbc-glossary/ or call (800) 922-6621 to request a copy.

Important Questions	Answers	Why This Matters:
What is the overall deductible?	\$1,500 /person or \$3,000 /family for In- Network Providers . \$2,500 /person or \$5,000 /family for Non- Network Providers .	Generally, you must pay all of the costs from providers up to the deductible amount before this plan begins to pay. If you have other family members on the policy, the overall family deductible must be met before the plan begins to pay.
Are there services covered before you meet your deductible?	Yes. Preventive care for In- Network Providers .	This plan covers some items and services even if you haven't yet met the deductible amount. But a copayment or coinsurance may apply. For example, this plan covers certain preventive services without cost-sharing and before you meet your deductible . See a list of covered preventive services at https://www.healthcare.gov/coverage/preventive-care-benefits/ .
Are there other deductibles for specific services?	No.	You don't have to meet deductibles for specific services.
What is the out-of-pocket limit for this plan?	\$2,500 /person or \$5,000 /family for In- Network Providers . \$4,500 /person or \$9,000 /family for Non- Network Providers .	The out-of-pocket limit is the most you could pay in a year for covered services. If you have other family members in this plan , the overall family out-of-pocket limit must be met.
What is not included in the out-of-pocket limit?	Premiums , balance-billing charges, and health care this plan doesn't cover.	Even though you pay these expenses, they don't count toward the out-of-pocket limit .
Will you pay less if you use a network provider?	Yes, PPO. See www.anthem.com or call (800) 922-6621 for a list of network providers .	This plan uses a provider network . You will pay less if you use a provider in the plan's network . You will pay the most if you use an out-of- network provider , and you might receive a bill from a provider for the difference between the provider's charge and what your plan pays (balance billing). Be aware your network provider might use an out-of- network provider for some services (such as lab work). Check with your provider before you get services.
Do you need a referral to see a specialist?	No.	You can see the specialist you choose without a referral .

! All [copayment](#) and [coinsurance](#) costs shown in this chart are after your [deductible](#) has been met, if a [deductible](#) applies.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you visit a health care provider's office or clinic	Primary care visit to treat an injury or illness	0% coinsurance	30% coinsurance	-----none-----
	Specialist visit	0% coinsurance	30% coinsurance	-----none-----
	Preventive care/screening/immunization	No charge	30% coinsurance	You may have to pay for services that aren't preventive. Ask your provider if the services needed are preventive. Then check what your plan will pay for.
If you have a test	Diagnostic test (x-ray, blood work)	Lab – Office 0% coinsurance X-Ray – Office 0% coinsurance	Lab – Office 30% coinsurance X-Ray – Office 30% coinsurance	Lab – Office -----none----- X-Ray – Office Includes coverage for Breast Tomosynthesis.
	Imaging (CT/PET scans, MRIs)	0% coinsurance	30% coinsurance	-----none-----
If you need drugs to treat your illness or condition More information about prescription drug coverage is available at http://www.anthem.com/pharmacyinformation/ Essential	Tier 1 - Typically Generic	\$5/prescription (retail) and \$10/prescription (home delivery)	30% coinsurance (retail) and 30% coinsurance (home delivery)	
	Tier 2 - Typically Preferred / Brand	\$25/prescription (retail) and \$50/prescription (home delivery)	30% coinsurance (retail) and 30% coinsurance (home delivery)	
	Tier 3 - Typically Non- Preferred / Specialty Drugs	\$40/prescription (retail) and \$80/prescription (home delivery)	30% coinsurance (retail) and 30% coinsurance (home delivery)	
	Tier 4 - Typically Specialty (brand and generic)	Not Applicable	Not Applicable	*See Prescription Drug section
If you have outpatient surgery	Facility fee (e.g., ambulatory surgery center)	0% coinsurance	30% coinsurance	-----none-----
	Physician/surgeon fees	0% coinsurance	30% coinsurance	-----none-----
If you need immediate medical attention	Emergency room care	0% coinsurance	Covered as In- Network	-----none-----
	Emergency medical transportation	0% coinsurance	Covered as In- Network	-----none-----
	Urgent care	0% coinsurance	30% coinsurance	-----none-----
	Facility fee (e.g., hospital room)	0% coinsurance	30% coinsurance	-----none-----

* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/fi>.

Common Medical Event	Services You May Need	What You Will Pay		Limitations, Exceptions, & Other Important Information
		In-Network Provider (You will pay the least)	Non-Network Provider (You will pay the most)	
If you have a hospital stay	Physician/surgeon fees	0% coinsurance	30% coinsurance	-----none-----
	Outpatient services	Office Visit	Office Visit	Office Visit
		0% coinsurance Other Outpatient	30% coinsurance 30% coinsurance	-----none----- Other Outpatient
If you need mental health, behavioral health, or substance abuse services	Inpatient services	0% coinsurance	30% coinsurance	-----none-----
If you are pregnant	Office visits	No charge	30% coinsurance	Cost sharing does not apply for preventive services. Maternity care may include tests and services described elsewhere in the SBC (i.e. ultrasound).
	Childbirth/delivery professional services	0% coinsurance	30% coinsurance	
	Childbirth/delivery facility services	0% coinsurance	30% coinsurance	
	Home health care	0% coinsurance	20% coinsurance	100 visits/benefit period.
	Rehabilitation services	0% coinsurance	30% coinsurance	40 visits combined PT, OT, ST per benefit period
If you need help recovering or have other special health needs	Habilitation services	0% coinsurance	30% coinsurance	90 days limit/benefit period.
	Skilled nursing care	0% coinsurance	30% coinsurance	*See Durable Medical Equipment Section
	Durable medical equipment	0% coinsurance	30% coinsurance	
	Hospice services	0% coinsurance	30% coinsurance	-----none-----
	Children's eye exam	Covered	Covered	*See Vision Services section
If your child needs dental or eye care	Children's glasses	Not covered	Not covered	
	Children's dental check-up	Not covered	Not covered	*See Dental Services section

* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/fi>.

Excluded Services & Other Covered Services:

Services Your [Plan](#) Generally Does NOT Cover (Check your policy or [plan](#) document for more information and a list of any other [excluded services](#).)

- Bariatric surgery
- Dental surgery
- Dental Check-up
- Long- term care
- Weight loss programs
- Cosmetic surgery
- Private-duty nursing
- Dental care (adult)
- Glasses for a child
- Routine foot care unless you have been diagnosed with diabetes.

Other Covered Services (Limitations may apply to these services. This isn't a complete list. Please see your [plan document](#).)

- Acupuncture Coverage is limited to Pain Management
- Chiropractic care 20 visits/benefit period.
- Hearing aids 1/ear every 2 years.
- Infertility treatment
- Most coverage provided outside the United States. See www.bcbsglobalcore.com
- Annual eye exam with refraction

Your Rights to Continue Coverage: There are agencies that can help if you want to continue your coverage after it ends. The contact information for those agencies is: Connecticut Department of Insurance, 153 Market Street, 7th Floor, Hartford, CT 06103, (860) 297-3000, (800) 203-3447. Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), www.dol.gov/ebsa/healthreform. Other coverage options may be available to you too, including buying individual insurance coverage through the Health Insurance [Marketplace](#). For more information about the [Marketplace](#), visit www.HealthCare.gov or call 1-800-318-2596.

Your Grievance and Appeals Rights: There are agencies that can help if you have a complaint against your [plan](#) for a denial of a [claim](#). This complaint is called a [grievance](#) or [appeal](#). For more information about your rights, look at the explanation of benefits you will receive for that medical [claim](#). Your [plan](#) documents also provide complete information to submit a [claim](#), [appeal](#), or a [grievance](#) for any reason to your [plan](#). For more information about your rights, this notice, or assistance, contact:

ATTN: [Grievances](#) and [Appeals](#), P.O. Box 1038, North Haven, CT 06473-4201

Department of Labor, Employee Benefits Security Administration, (866) 444-EBSA (3272), www.dol.gov/ebsa/healthreform

Connecticut Department of Insurance, 153 Market Street, 7th Floor, Hartford, CT 06103, (860) 297-3000, (800) 203-3447

* For more information about limitations and exceptions, see [plan](#) or policy document at <https://eoc.anthem.com/eocdps/fi>.

Does this plan provide Minimum Essential Coverage? Yes

If you don't have [Minimum Essential Coverage](#) for a month, you'll have to make a payment when you file your tax return unless you qualify for an exemption from the requirement that you have health coverage for that month.

Does this plan meet the Minimum Value Standards? Yes

If your [plan](#) doesn't meet the [Minimum Value Standards](#), you may be eligible for a [premium tax credit](#) to help you pay for a [plan](#) through the [Marketplace](#).

_____ *To see examples of how this plan might cover costs for a sample medical situation, see the next section.*

About these Coverage Examples:



This is not a cost estimator. Treatments shown are just examples of how this [plan](#) might cover medical care. Your actual costs will be different depending on the actual care you receive, the prices your [providers](#) charge, and many other factors. Focus on the [cost sharing](#) amounts ([deductibles](#), [copayments](#) and [coinsurance](#)) and [excluded services](#) under the [plan](#). Use this information to compare the portion of costs you might pay under different health [plans](#). Please note these coverage examples are based on self-only coverage.

Peg is Having a Baby
(9 months of in-network pre-natal care and a hospital delivery)

- The [plan's overall deductible](#) \$2,000
- [Specialist coinsurance](#) 0%
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This **EXAMPLE** event includes services like:

- [Specialist](#) office visits (*prenatal care*)
- Childbirth/Delivery Professional Services
- Childbirth/Delivery Facility Services
- [Diagnostic tests](#) (*ultrasounds and blood work*)
- [Specialist](#) visit (*anesthesia*)

Total Example Cost \$12,800

In this example, Peg would pay:

Cost Sharing	
Deductibles	\$2,000
Copayments	\$20
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Peg would pay is	\$2,080

Managing Joe's type 2 Diabetes
(a year of routine in-network care of a well-controlled condition)

- The [plan's overall deductible](#) \$2,000
- [Specialist coinsurance](#) 0%
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This **EXAMPLE** event includes services like:

- [Primary care physician](#) office visits (*including disease education*)
- [Diagnostic tests](#) (*blood work*)
- [Prescription drugs](#)
- [Durable medical equipment](#) (*glucose meter*)

Total Example Cost \$7,400

In this example, Joe would pay:

Cost Sharing	
Deductibles	\$2,000
Copayments	\$1,300
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$60
The total Joe would pay is	\$3,360

Mia's Simple Fracture
(in-network emergency room visit and follow up care)

- The [plan's overall deductible](#) \$2,000
- [Specialist coinsurance](#) 0%
- Hospital (facility) [coinsurance](#) 0%
- Other [coinsurance](#) 0%

This **EXAMPLE** event includes services like:

- [Emergency room care](#) (*including medical supplies*)
- [Diagnostic test](#) (*x-ray*)
- [Durable medical equipment](#) (*crutches*)
- [Rehabilitation services](#) (*physical therapy*)

Total Example Cost \$1,900

In this example, Mia would pay:

Cost Sharing	
Deductibles	\$1,900
Copayments	\$0
Coinsurance	\$0
<i>What isn't covered</i>	
Limits or exclusions	\$0
The total Mia would pay is	\$1,900

The [plan](#) would be responsible for the other costs of these **EXAMPLE** covered services.

Language Access Services:

German (Deutsch): Wenn Sie Fragen zu diesem Dokument haben, haben Sie Anspruch auf kostenfreie Hilfe und Information in Ihrer Sprache. Um mit einem Dolmetscher zu sprechen, bitte wählen Sie (800) 922-6621.

Greek (Ελληνικά): Αν έχετε τυχόν απορίες σχετικά με το παρόν έγγραφο, έχετε το δικαίωμα να λάβετε βοήθεια και πληροφόρηση στη γλώσσα σας δωρεάν. Για να μιλήσετε με κάποιον διερμηνέα, τηλεφωνήστε στο (800) 922-6621.

Gujarati (ગુજરાતી): જો આ દસ્તાવેજ અંગે આપને કોઈપણ પ્રશ્નો હોય તો, કોઈપણ ખર્ચ વગર આપની ભાષામાં મદદ અને માહિતી મેળવવાનો તમને અધિકાર છે. દુભાષિયા સાથે વાત કરવા માટે, કોલ કરો. (800) 922-6621.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nespòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (800) 922-6621.

Hindi (हिंदी): अगर आपके पास इस दस्तावेज़ के बारे में कोई प्रश्न हैं, तो आपको निःशुल्क अपनी भाषा में मदद और जानकारी प्राप्त करने का अधिकार है। दुभाषिये से बात करने के लिए, कॉल करें (800) 922-6621 ।

Hmong (White Hmong): Yog tias koj muaj lus nug dab tsi ntsig txog daim ntawv no, koj muaj cai tau txais kev pab thiab lus qhia hais ua koj hom lus yam tsim xam tus nqi. Txhawm rau tham nrog tus neeg txhais lus, hu xov tooj rau (800) 922-6621.

Igbo (Igbo): O bur u na i nwere ajuju o bula gbasara akwukwo a, i nwere ikike inweta enyemaka na ozi n'asusu gi na akwughị ugwo o bula. Ka gi na okowa okwu kwuo okwu, kpoo (800) 922-6621.

Ilokano (Ilokano): Nu addaan ka iti aniaman a saludsod panggep iti daytoy a dokumento, adda karbengam a makaala ti tulong ken impormasyon babaen ti lengguahem nga awan ti bayad na. Tapno makatungtong ti maysa nga tagipatarus, awagan ti (800) 922-6621.

Indonesian (Bahasa Indonesia): Jika Anda memiliki pertanyaan mengenai dokumen ini, Anda memiliki hak untuk mendapatkan bantuan dan informasi dalam bahasa Anda tanpa biaya. Untuk berbicara dengan interpreter kami, hubungi (800) 922-6621.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (800) 922-6621

Japanese (日本語): この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。通訳と話すには、(800) 922-6621 にお電話ください。

Language Access Services:

Khmer (ខ្មែរ): បើអ្នកមានសំណួរផ្សេងទៀតអំពីឯកសារនេះ អ្នកមានសិទ្ធិទទួលជំនួយនិងព័ត៌មានជាភាសារបស់អ្នកដោយឥតគិតថ្លៃ។
ដើម្បីស្វែងរកជាមួយអ្នកបកប្រែ សូមហៅ (800) 922-6621 ។

Kirundi (Kirundi): Ugize ikibazo icyo arico cose kuri iyi nyandiko, ufise uburenganzira bwo kuronka ubufasha mu rurimi rwawe ata giciro. Kugira uvugisha umusemuzi, akura (800) 922-6621.

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면 (800) 922-6621 로 문의하십시오.

Lao (ພາສາລາວ): ຖ້າທ່ານມີຄໍາຖາມໃດໆກ່ຽວກັບເອກະສານນີ້, ທ່ານມີສິດໄດ້ຮັບຄວາມຊ່ວຍເຫຼືອ ແລະ ຂໍ້ມູນເປັນພາສາຂອງທ່ານໃດໜຶ່ງເພື່ອຄໍາ.
ເພື່ອໄດ້ຮັບກັບວ່າມາພາສາ, ໃຫ້ໂທຫາ (800) 922-6621.

Navajo (Diné): Dii naaltsoos bika'igii lahgo bina'idilkidgo ná bohónéedzǎ dóó bee ahóót'i' t'áa ni nizaad k'ehj' bee nił hodoonih t'áadoo bǫ́áh'ílinigóó.
Ata' halne'ígíí la' bich'i' hadeedzih nínízingo koj' hodiilnih (800) 922-6621.

Nepali (नेपाली): यदि यो कागजातबारे तपाईंसँग केही प्रश्नहरू छन् भने, आफ्नै भाषामा निःशुल्क सहयोग तथा जानकारी प्राप्त गर्न पाउने हक तपाईंसँग छ।
दोभाषेसँग कुरा गर्नका लागि, यहाँ कल गर्नुहोस् (800) 922-6621

Oromo (Oromifaa): Sanadi kanaa wajjin walqabaate gaffi kamiyyuu yoo qabduu tanaan, Gargaarsa argachuu fi odeeffanoo afaan ketiin kaffaltii alla argachuuf mirgaa qabdaa. Turjumaana dubaachuuf, (800) 922-6621 bilbilla.

Pennsylvania Dutch (Deutsch): Wann du Frooge iwver selle Document hoscht, du hoscht die Recht um Hilfe un Information zu griege in dei Schprooch mitaus Koscht. Um mit en Iwwersetze zu schwetze, ruff (800) 922-6621 aa.

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer (800) 922-6621.

Portuguese (Português): Se tiver quaisquer dúvidas acerca deste documento, tem o direito de solicitar ajuda e informações no seu idioma, sem qualquer custo. Para falar com um intérprete, ligue para (800) 922-6621.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੂਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (800) 922-6621 ਤੇ ਕਾਲ ਕਰੋ।

Language Access Services:

Romanian (Română): Dacă aveți întrebări referitoare la acest document, aveți dreptul să primiți ajutor și informații în limba dumneavoastră în mod gratuit. Pentru a vă adresa unui interpret, contactați telefonic (800) 922-6621.

Russian (Русский): если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (800) 922-6621.

Samoan (Samoa): Afai e iai ni ou fesili e uiga i lenei tusi, e iai lou 'aia e maua se fesoasoani ma faamatalaga i lou lava gagana e aunoa ma se totogi. Ina ia talanoa i se tagata faaliliu, vili (800) 922-6621.

Serbian (Srpski): Ukoliko imate bilo kakvih pitanja u vezi sa ovim dokumentom, imate pravo da dobijete pomoć i informacije na vašem jeziku bez ikakvih troškova. Za razgovor sa prevodiocem, pozovite (800) 922-6621.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (800) 922-6621.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (800) 922-6621.

Thai (ไทย): หากท่านมีคำถามใดๆ เกี่ยวกับเอกสารฉบับนี้ ท่านมีสิทธิ์ที่จะได้รับความช่วยเหลือและข้อมูลในภาษาของท่านโดยไม่มีค่าใช้จ่าย โดยโทร (800) 922-6621 เพื่อพูดคุยกับล่าม

Ukrainian (Українська): якщо у вас виникають запитання з приводу цього документа, ви маєте право безкоштовно отримати допомогу й інформацію вашою рідною мовою. Щоб отримати послуги перекладача, зателефонуйте за номером: (800) 922-6621.

Urdu (اردو): اگر اس دستاویز کے بارے میں آپ کا کوئی سوال ہے، تو آپ کو مدد اور اپنی زبان میں مفت معلومات حاصل کرنے کا حق حاصل ہے۔ کسی مترجم سے بات کرنے کے لئے، (800) 922-6621 پر کال کریں۔

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (800) 922-6621.

Yiddish (אידיש): אויב איר האט שאלות וועגן דעם דאקומענט, האט איר די רעכט צו באקומען דעם אינפארמאציע אין אייער שפראך אהר קיין פרייז. צו רעדן צו אן איבערזעצער, רופט (800) 922-6621.

Yoruba (Yorùbá): Tí o bá ní èyíkẹyí ibèrè nípa àkọsílẹ̀ yìí, o ní ètò láti gbà ìrànwọ́ àti ìwífún ní èdè rẹ̀ lẹ́fẹ́. Bá wa ògbùfọ̀ kan sọrọ̀, pe (800) 922-6621.

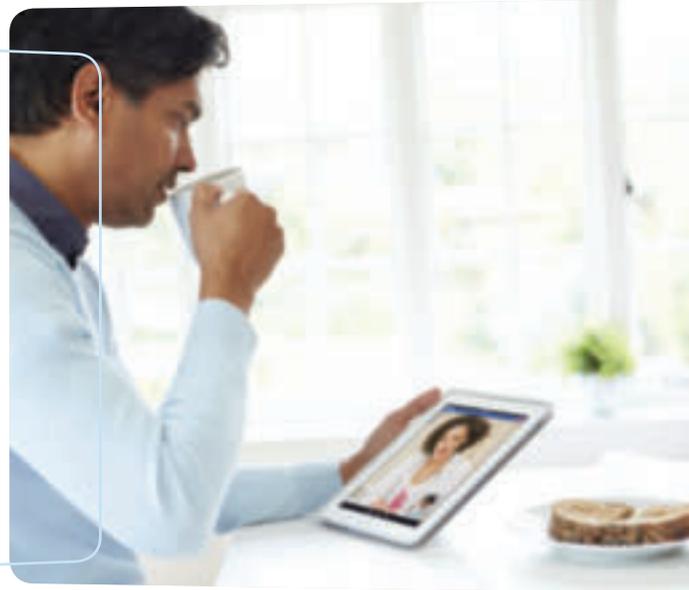
Language Access Services:

It's important we treat you fairly

That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1-800-537-7697) or online at <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>. Complaint forms are available at <http://www.hhs.gov/ocr/office/file/index.html>.

At home or on the go, doctors and mental health professionals are here for you.

Using LiveHealth Online, you can have a private video visit on your smartphone, tablet or computer.



When you're not feeling well you can get the support you need easily using LiveHealth Online. Whether you have a cold, you're feeling anxious or need help managing your medication, doctors and mental health professionals are right there, ready to help you feel your best. Using LiveHealth Online you can have a video visit with a board-certified doctor, psychiatrist or licensed therapist from your smartphone, tablet or computer from home or anywhere.

On LiveHealth Online, you can:

- **See a board-certified doctor 24/7.** You don't need an appointment to see a doctor. They're always available to assess your condition and send a prescription to the pharmacy you choose, if needed.¹ It's a great option when you have pink eye, a cold, the flu, a fever, allergies, a sinus infection or another common health issue.
- **Visit a licensed therapist in four days or less.**² Have a video visit with a therapist to get help with anxiety, depression, grief, panic attacks and more. Schedule your appointment online or call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.
- **Consult a board-certified psychiatrist within two weeks.**³ If you're over 18 years old, you can get medication support to help you manage a mental health condition. To schedule your appointment call **1-888-548-3432** from **8 a.m. to 8 p.m.**, seven days a week.

You've got access to affordable and convenient care

Your Anthem plan includes benefits for video visits using LiveHealth Online, so you'll just pay your share of the costs — usually \$59 or less for medical doctor visits, and a 45-minute therapy or psychiatry session usually costs the same as an office mental health visit.

Sign up for LiveHealth Online today – it's quick and easy

Go to livehealthonline.com or download the app and register on your phone or tablet.



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.



ConditionCare

If you have asthma, diabetes, chronic obstructive pulmonary disease (COPD), heart disease or heart failure, ConditionCare can give you the tools and resources you need to take charge of your health. You'll get:

- “24/7, toll-free phone access to nurses who can answer health questions.
- “Support from nurse care managers, dietitians and other health care professionals to help you reach your health goals.
- “Educational guides, electronic newsletters and tools to help you learn more about your condition(s).

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:

- “A nurse specializing in obstetrics who can answer your questions, 24/7, and will call to check on your progress.
- “The *Mayo Clinic Guide to a Healthy Pregnancy*, which explains the changes your body and baby are going through.
- “A screening to check your health risks.
- “Resources to help you make healthier decisions during pregnancy.
- “Free phone access to pharmacists, nutritionists and other specialists, if needed.
- “Other helpful information on labor and delivery, including options and how to prepare.

24/7 NurseLine

Whether it's 3 a.m. or a lazy Sunday afternoon, you can talk to a registered nurse any time of the day or night.

These nurses can:

- “Answer questions about health concerns.
- “Help you decide where to go for care when your doctor, dentist, or eye doctor isn't available.
- “Help you find providers and specialists in your area.
- “Enroll you and your dependents in health management programs.
- “Remind you about scheduling important screenings and exams, including dental and vision check ups.

Get the support you need

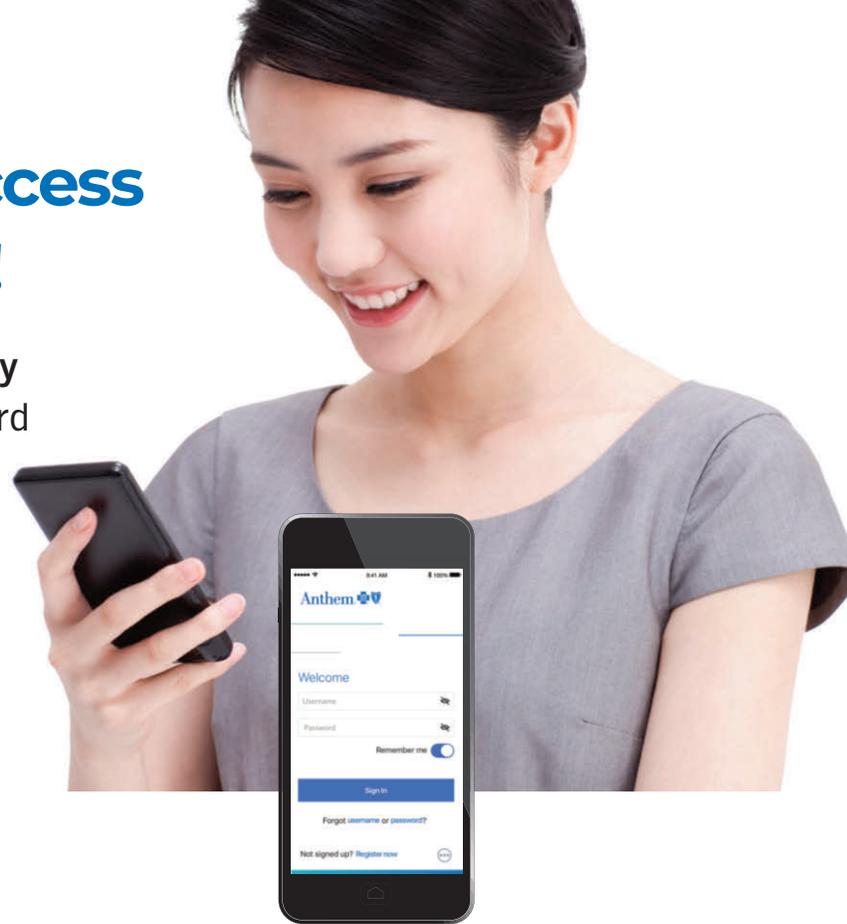
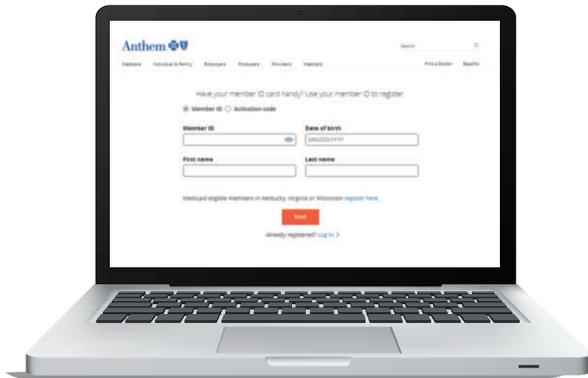
Call us to sign up and use these programs at no extra cost:

- ConditionCare: 866-962-0957
- Future Moms: 800-828-5891
- 24/7 NurseLine: 800-337-4770

Anthem 

You've got quick access to your health care!

Register on **anthem.com** or the **Sydney** mobile app.* Have your member ID card handy to register



From your computer

- 1 Go to **anthem.com/register**
- 2 Provide the information requested
- 3 Create a username and password
- 4 Set your email preferences
- 5 Follow the prompts to complete your registration

From your mobile device

- 1 Download the free **Sydney** mobile app and select **Register**
- 2 Confirm your identity
- 3 Create a username and password
- 4 Confirm your email preferences
- 5 Follow the prompts to complete your registration

It's easy. Everything you need to know about your plan – including medical – in one place. Making your health care journey simple, personal – all about you.

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



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

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. Copies of Colorado network access plans are available on request from member services or can be obtained by going to anthem.com/co/networkaccess. In Connecticut: Anthem Health Plans, Inc. In Georgia: Blue Cross Blue Shield Healthcare Plan 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 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), underwrites or administers PPO and indemnity policies and underwrites the out of network benefits in POS policies offered by CompCare Health Services Insurance Corporation (CompCare) or Wisconsin Collaborative Insurance Corporation (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.

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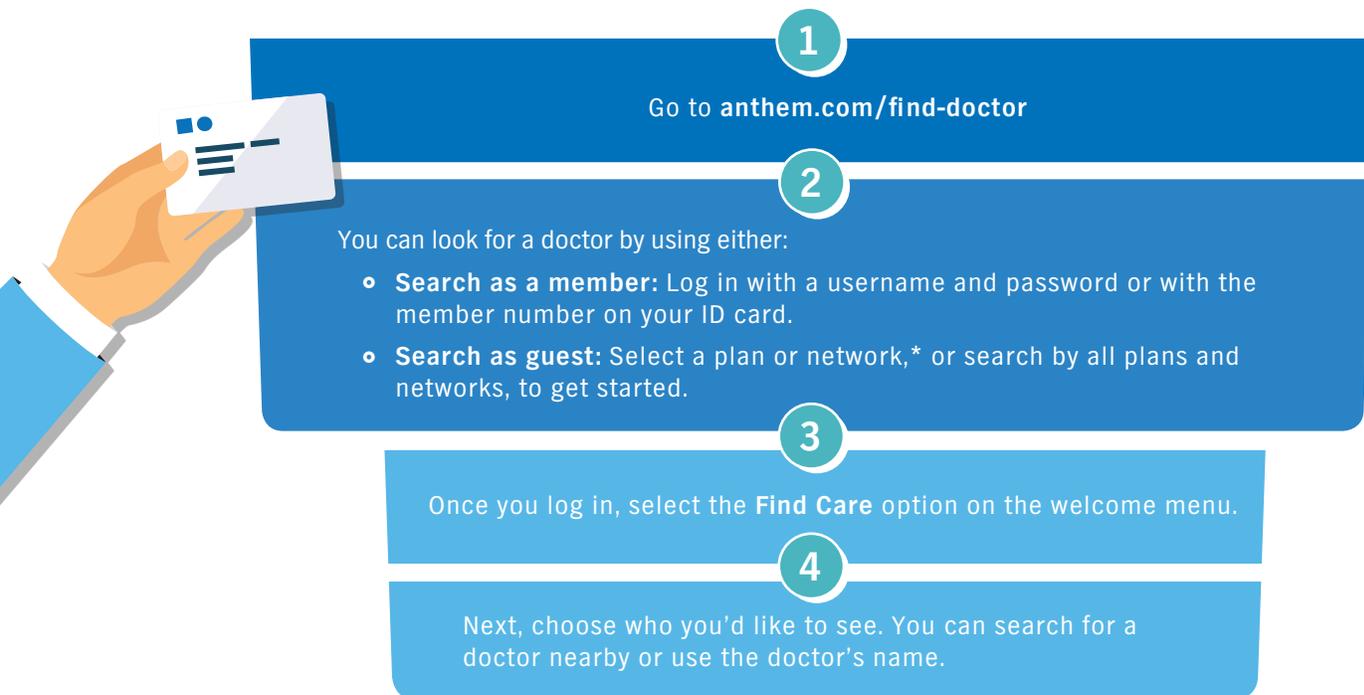
Looking for a doctor?

Finding one online is fast and easy

The right doctor can make all the difference — and choosing one in your plan can save you money, too. Our **Find a Doctor** tool helps you find doctors, dentists, hospitals, labs and other health care providers in your plan. If you decide to get care from doctors outside the plan, it'll cost you more and your care might not be covered at all.



Here's all you need to do to find a doctor near you:



- 5 Select a provider to get details, like:
 - Specialties
 - Gender
 - Languages spoken
 - Training
 - A map of their office location
 - Phone number

Going mobile

Search for doctors, hospitals and more on your smartphone or mobile device. And don't forget that going mobile keeps everything you need to know about your plan — including medical, pharmacy, dental, vision, life insurance — in one place. It's simple, personal and all about you. Simply download the **Sydney** app to get started.



*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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Savings. Convenience. Peace of mind.

Get it all with our
home delivery pharmacy.



With your health plan, you need to use home delivery for any prescription medicines you take on a regular, long-term basis. Or you can get 90-day supplies of your medicines from a CVS pharmacy at the same copay as home delivery. It's your choice. You can get your prescriptions filled at your local pharmacy three times — the first fill plus two refills. But after that, you'll have to pay the full cost for the medicines until you switch to home delivery or CVS.

When you get your medicines at your local pharmacy, we'll send you a letter to tell you about home delivery, how it works and cost savings you may see.

With home delivery, you get:



Savings

Many medicines cost less when you get a 90-day supply instead of three 30-day supplies.



Convenience

You can skip the trip to the pharmacy. First-time home delivery orders take about two weeks, and refills take 3 to 5 days. You can set up automatic refills, too.



Peace of mind

You'll be less likely to miss a dose and more likely to stay on track with the treatment your doctor prescribed.*

Two easy ways to switch:

1. You can get started with home delivery online at [anthem.com](https://www.anthem.com) or through the Sydney app. Just visit the pharmacy page after you log in. You can also refill your prescriptions, find a pharmacy, see what's covered and even price drugs before you get them.
2. Or you can call us at the Pharmacy Member Services number on your health plan ID card.



Still have questions?

Call us at the Pharmacy Member Services number on your health plan ID card.

* Schwab P, Raccsa P, Rascati K, Mourer M, Meah Y, Worley K. A Retrospective Database Study Comparing Diabetes-related Medication Adherence and Health Outcomes for Mail-order versus Community Pharmacy. J Manag Care Spec Pharm 2019 Mar;25(3):332-40; ncbi.nlm.nih.gov/pubmed/30816817.

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Summary of Benefits
Anthem Dental Essential Choice
The Village for Families & Children
Anthem Dental Complete Network



WELCOME TO YOUR DENTAL PLAN!

Regular dental checkups can help find early warning signs of certain health problems, which means you can get the care you need to get healthy. So, don't skimp on your dental care, good oral care can mean better overall health!

Powerful and easily accessible member tools.

- **Ask a Hygienist:** Dental members can simply email their dental questions to a team of licensed dental professionals who in turn will respond in about 24 hours.
- **Dental Health Risk Assessment:** We want our dental members to better understand their oral health and their risk factors for tooth decay, gum disease and oral cancer. This easy to use online tool can help them do this.
- **Dental Care Cost Estimator:** In order to help our dental member better understand the cost of their dental care, we offer access to a user-friendly, web-based tool that provides estimates on common dental procedures and treatments when using a network dentist.
- **More Capabilities:** With our latest mobile application, Anthem Anywhere, members can find a network dentist as well as view their claims. It's available both for Android and Apple phones.

Dentists in your plan network.

- You'll save money when you visit a dentist in your plan network because Anthem and the dentist have agreed on pricing for covered services. Dentists who are not in your plan network have not agreed to pricing, and may bill you for the difference between what Anthem pays them and what the dentist usually charges.
- To find a dentist by name or location, go to anthem.com or call dental customer service at the number listed on the back of your ID card.

Ready to use your dental benefits?

- Choose a dentist from the network
- Make an appointment
- Show the office staff your member ID card
- Pay any deductible or copay that is part of your plan

Need to contact us?

See the back of your ID card for who to call, write or email.

Your dental benefits at a glance

The following 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 policy.

	In-Network	Out-of-Network
Annual Benefit Maximum · Per insured person Calendar Year	\$1,500	\$1,500
D&P applies to Annual Maximum	Yes	Yes
Annual Maximum Carryover / Carry in	No/No	No/No
Orthodontic Lifetime Benefit Maximum · Per eligible insured person	\$1,500	\$1,500
Annual Deductible (Does not apply to Orthodontic Services) · Per insured person/Family maximum Calendar Year	\$50/3X Individual	\$50/3X Individual
Deductible Waived for Diagnostic/Preventive Services	Yes	Yes
Out-of-Network Reimbursement:	90th percentile	

Anthem BCBS is the trade name for Anthem Health Plans, Inc., an independent licensee of the Blue Cross and Blue Shield Association.

Dental Services	In-Network	Out-of-Network	Waiting Period
	Anthem Pays:	Anthem Pays:	
Diagnostic and Preventive Services · Periodic oral exam 2 per 12 months · Teeth cleaning (prophylaxis) 2 per 12 months; w/periodontal maintenance · Bitewing X-rays: 1 set per 12 months · Full-mouth or Panoramic X-rays: 1 per 60 months · Fluoride application: 1 per 12 months through age 18 · Sealants 1 per 60 months; through age 18	100% Coinsurance	100% Coinsurance	No Waiting Period
Basic Services · Consultation (second opinion) 1 per 12 months · Space Maintainer 1 per lifetime through age 18; posterior teeth · Amalgam (silver-colored) Filling 1 per tooth per 24 months · Composite (tooth-colored) Filling 1 per tooth per 24 months posterior (back) fillings covered as composites · Brush Biopsy (cancer test) Covered, 1 per 12 months; all ages	100% Coinsurance	80% Coinsurance	No Waiting Period
Endodontics (Non-Surgical) · Root Canal and retreatments 1 per tooth per lifetime	100% Coinsurance	80% Coinsurance	No Waiting Period
Endodontics (Surgical) · Apicoectomy and apexification 1 per tooth per lifetime	100% Coinsurance	80% Coinsurance	No Waiting Period
Periodontics (Non-Surgical) · Periodontal Maintenance 4 per 12 months; w/teeth cleaning · Scaling and root planing 1 per quadrant per 24 months	100% Coinsurance	80% Coinsurance	No Waiting Period
Periodontics (Surgical) 1 per quadrant per 36 months · Periodontal Surgery (osseous, gingivectomy, graft procedures)	100% Coinsurance	80% Coinsurance	No Waiting Period
Oral Surgery (Simple) · Simple Extractions 1 per tooth per lifetime	100% Coinsurance	80% Coinsurance	No Waiting Period
Oral Surgery (Complex) · Surgical Extractions 1 per tooth per lifetime	100% Coinsurance	80% Coinsurance	No Waiting Period
Major (Restorative) Services · Crowns, onlays, veneers 1 per tooth per 60 months · Cosmetic teeth whitening Not Covered	60% Coinsurance	50% Coinsurance	No Waiting Period
Prosthodontics · Dentures and bridges 1 per tooth per 60 months · Dental Implants Covered, 1 per tooth per 60 months	60% Coinsurance	50% Coinsurance	No Waiting Period
Prosthodontic Repairs/Adjustments · Crown, denture, bridge repairs 1 per 12 months; 6 months after placement · Denture and bridge adjustments: 2 per 12 months; 6 months after placement	60% Coinsurance	50% Coinsurance	No Waiting Period
Orthodontic Services · Dependent Children Only*	50% Coinsurance	50% Coinsurance	No Waiting Periods

*Child orthodontic runs through age 18. This means that the child must have been banded prior to their 19th birthday in order to receive coverage.

Additional Services and Programs

Anthem Whole Health Connection -Dental

- For members with certain health conditions, additional dental benefits are available without a deductible or waiting periods. Eligible services are paid at 100% and won't reduce your coverage year annual maximum (if applicable)

Accidental Dental Injury Benefit

- Provides members 100% coverage for accidental injuries to teeth up to the coverage year annual maximum (if applicable). No deductibles, member coinsurance, or waiting periods apply

Extension of Benefits

- Following termination of coverage, members are provided up to 60 days to complete treatment started prior to their termination of coverage under the plan and eligible services will be covered

International Emergency Dental Program

- Provides emergency dental benefits while working or traveling abroad from licensed, English-speaking dentists. Eligible covered services will be paid 100% with no deductibles, member coinsurance, or waiting periods and won't reduce the member coverage year annual maximum (if applicable)

Additional Limitations & Exclusions

Below is a partial listing of non-covered services under your dental plan. Please see your policy 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 dental plan certificate

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

Cosmetic dentistry (unless included as part of your dental plan benefits) 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 including intravenous conscious sedation, IV sedation and general anesthesia when performed with nonsurgical dental care

Analgesia, analgesic agents, and 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.

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.

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 certificate of coverage. In the event of a discrepancy between the information in this summary and the certificate of coverage, the certificate will prevail.

DENTAL PPO

It's easy to find a dentist online

Here's how to find one fast on our mobile app, Sydney, or anthem.com.



Select *Find a Doctor*

To search on the app, you'll need a username and password.

On anthem.com, log in as a member with your username and password, or your member ID card number.

You can also search as a guest. Just select a plan or network, or search by all plans and networks.*



Search for a provider

You can search based on type of provider or facility, locations near you or a provider's name.



Click on the name of a dentist to learn more

Find out about their training, specialties, languages spoken, location and phone number.

Keep in mind, you'll get the most from your benefits — and save money — when you use a provider in your plan.

Download our Sydney mobile app today to easily access your plan.



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

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Online and mobile dental tools help you get the whole picture

It's easy to *get more* out of your dental plan



You want to make good dental care decisions. *Smart!*
Your plan has free online dental tools to help you do that.

More convenience

So, where do you start? How about with your dental health habits and the **Dental Health Assessment tool**.

✔ Get your dental health score

Just answer a few online questions about your habits like brushing and flossing and how often you see the dentist. After you do, you'll get an easy-to-follow traffic light scoring report so you know where you stand and what to do about it.

Why? Dental health problems like gum disease are common and can lead to more serious problems, like losing a tooth. Knowing your score helps you understand your dental health and your risk of getting tooth decay, gum disease and mouth cancers. You can even take your report to your next dental appointment.

Check out the easy-to-understand personalized dental report

Log in to the Anthem Member Services website address on your ID card or your Anthem mobile app. Take the **Dental Health Assessment** and discover your dental health score, like this one:



More care

Now you know your dental health score, but you've probably got questions. Where can you get answers?

🔗 Ask a Hygienist

You can email **Ask a Hygienist** your dental questions at no extra cost to you. You'll get answers quickly and privately by email in about 24 hours from one of a team of licensed dental professionals with expertise on how to help prevent and treat diseases of the mouth. They can even offer dental health tips.



More savings

Need dental care? Want to find out what it'll cost before you go?

🔗 Help estimating costs ahead of time

You're careful about what you spend money on — and about saving money, too! So you shop for the best value. With the **Dental Care Cost Estimator** tool, you can estimate the costs for common dental procedures and treatments and compare them for dentists and providers in your network before you get care. That way, you can make informed choices and save money.

Try out the Dental Care Cost Estimator

Just go to the tool and start your search.

Procedure Fee Tool

ESTIMATE DENTAL COSTS

Use the Procedure Fee Tool to find approximate costs that may be charged for dental procedures in a zip code area. The costs displayed give you an idea of what the provider may charge. The insurance company will determine the insurance benefits based on the dentist's actual fee and the terms of the employer's group insurance policy.

Step 1: Enter a ZIP Code where the provider is located. If not sure, enter your home ZIP Code.

Step 2: Enter a Keyword (e.g., cleaning) or Dental Procedure Code (e.g., D1110)

(If entering a Dental Procedure Code, be sure to include the letter "D" at the beginning, for example D2140).

OR

Select a Dental Procedure Category from the following list:

Select a Category

- Diagnostic Services
- Preventive Care
- Fillings & Inlays
- Crowns & Bridges
- Endodontics (root canals)
- Periodontics
- Dentures
- Implants
- Oral Surgery
- Others

To see results click the [Start Search](#) button.

[Terms & Conditions](#) | [Privacy Policy](#)

Fee information provided in partnership with FAIR Health

Get an estimate for what you'll pay.

Procedure Fee Tool

ESTIMATE DENTAL COSTS

Use the Procedure Fee Tool to find approximate costs that may be charged for dental procedures in a zip code area. The costs displayed give you an idea of what the provider may charge. The insurance company will determine the insurance benefits based on the dentist's actual fee and the terms of the employer's group insurance policy.

Procedure Fee Tool 80521:
1 The procedure fee range will differ if your dentist's office is located outside the zip code indicated above.

Find rates for this procedure in another zip code: [Change ZIP Code](#)

Estimate Procedure Fees by ZIP Code

Procedure Code† (CDT-14)	Category	Description	Fee Range *	In-Network Fee
D1110	Preventive	Teeth cleaning, adult	\$87 - \$97	\$59
D1120	Preventive	Teeth cleaning, child	\$64 - \$69	\$41
D1330	Preventive	Oral hygiene instruction	\$60 - \$60	\$23
D1351	Preventive	Pit & fissure sealant	\$55 - \$66	\$31
D1510	Preventive	Space maintainer, fixed, unilateral	\$318 - \$355	\$203

Ready to try out these tools?

Log in to the Anthem Member Services website address on your ID card or your Anthem mobile app.

Zoom in to get more:

Care. Convenience. Choices. Savings.

Zoom out for the big picture:

What's going on in your mouth could be a sign for what's going on elsewhere in your body — **90%** of the body's diseases show signs and symptoms in the mouth.*



Your dental plan is about more than teeth.

It's about caring for the whole body. Want to learn more? Log in to the Anthem Member Services website address on your ID card or your Anthem mobile app.

- Find a dentist in your plan.
- Order extra ID cards.
- Get the status of a claim.
- Learn ways to get more from your plan.

* Academy of General Dentistry Know Your Teeth website: InfoBites - Importance of Oral Health to Overall Health (accessed January 10, 2018): knowyourteeth.com.

Welcome to your Blue View Vision plan!

You have many choices when it comes to using your benefits. As a Blue View Vision plan member, you have access to one of the nation's largest vision networks. You may choose from many private practice doctors, local optical stores, and national retail stores including LensCrafters®, Target Optical®, Sears Optical®, JCPenney® Optical and most Pearle Vision® locations. You may also use your in-network benefits to order eyewear online at Glasses.com and ContactsDirect.com. To locate a participating network eye care doctor or location, log in at anthem.com, or from the home page menu under Care, select **Find a Doctor**. You may also call member services for assistance at **1-866-723-0515**.

Out-of-Network – If you choose to, you may instead receive covered benefits outside of the Blue View Vision network. Just pay in full at the time of service, obtain an itemized receipt, and file a claim for reimbursement up to your maximum out-of-network allowance.

YOUR BLUE VIEW VISION PLAN BENEFITS	IN-NETWORK	OUT-OF-NETWORK	FREQUENCY
Routine Eye Exam			
A comprehensive eye examination	\$10 copay	Up to \$48 allowance	Once every calendar year
Eyeglass Frames			
One pair of eyeglass frames	\$130 allowance, then 20% off any remaining balance	Up to \$64 allowance	Once every two calendar years
Eyeglass Lenses (<i>instead of contact lenses</i>)			
One pair of standard plastic prescription lenses:			
<ul style="list-style-type: none"> • Single vision lenses • Bifocal lenses • Trifocal lenses 	\$10 copay \$10 copay \$10 copay	Up to \$36 allowance Up to \$54 allowance Up to \$69 allowance	Once every calendar year
Eyeglass Lens Enhancements			
When obtaining covered eyewear from a Blue View Vision provider, you may choose to add any of the following lens enhancements at no extra cost.			
<ul style="list-style-type: none"> • Transiti^{ons} Lenses (for a child under age 19) • Standard polycarbonate (for a child under age 19) • Factory scratch coating 	\$0 copay \$0 copay \$0 copay	No allowance when obtained out-of-network	Same as covered eyeglass lenses
Contact Lenses (<i>instead of eyeglass lenses</i>)			
Contact lens allowance will only be applied toward the first purchase of contacts made during a benefit period. Any unused amount remaining cannot be used for subsequent purchases in the same benefit period, nor can any unused amount be carried over to the following benefit period.			
<ul style="list-style-type: none"> • Elective conventional (non-disposable) OR	\$130 allowance, then 15% off any remaining balance	Up to \$105 allowance	Once every calendar year
<ul style="list-style-type: none"> • Elective disposable OR	\$130 allowance (<i>no additional discount</i>)	Up to \$105 allowance	
<ul style="list-style-type: none"> • Non-elective (medically necessary) 	Covered in full	Up to \$210 allowance	

This is a primary vision care benefit intended to cover only routine eye examinations and corrective eyewear. Blue View Vision is for routine eye care only. If you need medical treatment for your eyes, visit a participating eye care doctor from your medical network. Benefits are payable only for expenses incurred while the group and insured person's coverage is in force. This information is intended to be a brief outline of coverage. All terms and conditions of coverage, including benefits and exclusions, are contained in the member's policy, which shall control in the event of a conflict with this overview. This benefit overview is only one piece of your entire enrollment package.

EXCLUSIONS & LIMITATIONS (not a comprehensive list – please refer to the member Certificate of Coverage for a complete list)

Combined Offers. Not to be combined with any offer, coupon, or in-store advertisement.

Excess Amounts. Amounts in excess of covered vision expense.

Sunglasses. Plano sunglasses and accompanying frames.

Safety Glasses. Safety glasses and accompanying frames.

Not Specifically Listed. Services not specifically listed in this plan as covered services.

Lost or Broken Lenses or Frames. Any lost or broken lenses or frames are not eligible for replacement unless the insured person has reached his or her normal service interval as indicated in the plan design.

Non-Prescription Lenses. Any non-prescription lenses, eyeglasses or contacts. Plano lenses or lenses that have no refractive power.

Orthoptics. Orthoptics or vision training and any associated supplemental testing.

OPTIONAL SAVINGS AVAILABLE FROM BLUE VIEW VISION IN-NETWORK PROVIDERS ONLY		In-network Member Cost (after any applicable copay)
Retinal Imaging - at member's option can be performed at time of eye exam		Not more than \$39
Eyeglass lens upgrades When obtaining eyewear from a Blue View Vision provider, you may choose to upgrade your new eyeglass lenses at a discounted cost. Eyeglass lens copayment applies.	<ul style="list-style-type: none"> • Transitions lenses (Adults) \$75 • Standard Polycarbonate (Adults) \$40 • Tint (Solid and Gradient) \$15 • UV Coating \$15 • Progressive Lenses¹ <ul style="list-style-type: none"> • Standard \$65 • Premium Tier 1 \$85 • Premium Tier 2 \$95 • Premium Tier 3 \$110 • Anti-Reflective Coating² <ul style="list-style-type: none"> • Standard \$45 • Premium Tier 1 \$57 • Premium Tier 2 \$68 • Other Add-ons 20% off retail price 	
Additional Pairs of Eyeglasses Anytime from any Blue View Vision network provider.	<ul style="list-style-type: none"> • Complete Pair 40% off retail price • Eyeglass materials purchased separately 20% off retail price 	
Eyewear Accessories	<ul style="list-style-type: none"> • Items such as non-prescription sunglasses, lens cleaning supplies, contact lens solutions, eyeglass cases, etc. 20% off retail price 	
Contact lens fit and follow-up A contact lens fitting and up to two follow-up visits are available to you once a comprehensive eye exam has been completed.	<ul style="list-style-type: none"> • Standard contact lens fitting³ Up to \$55 • Premium contact lens fitting⁴ 10% off retail price 	
Conventional Contact Lenses	<ul style="list-style-type: none"> • Discount applies to materials only 15% off retail price 	

¹ Please ask your provider for his/her recommendation as well as the available progressive brands by tier.

² Please ask your provider for his/her recommendation as well as the available coating brands by tier.

³ Standard fitting includes spherical clear lenses for conventional wear and planned replacement. Examples include but are not limited to disposable and frequent replacement.

⁴ Premium fitting includes all lens designs, materials and specialty fittings other than standard contact lenses. Examples include but are not limited to toric and multifocal.

Discounts are subject to change without notice. Discounts are not 'covered benefits' under your vision plan and will not be listed in your certificate of coverage. Discounts will be offered from in-network providers except where state law prevents discounting of products and services that are not covered benefits under the plan. Discounts on frames will not apply if the manufacturer has imposed a no discount policy on sales at retail and independent provider locations. Some of our in-network providers include:



ADDITIONAL SAVINGS AVAILABLE THROUGH ANTHEM'S SPECIAL OFFERS PROGRAM *

Savings on items like additional eyewear after your benefits have been used, non-prescription sunglasses, hearing aids and even LASIK laser vision correction surgery are available through a variety of vendors. Just **log in at anthem.com**, select discounts, then Vision, Hearing & Dental.

* Discounts cannot be used in conjunction with your covered benefits.

OUT-OF-NETWORK

If you choose to receive covered services or purchase covered eyewear from an out-of-network provider, network discounts will not apply and you will be responsible for payment of services and/or eyewear materials at the time of service. Please complete an out-of-network claim form and submit it along with your itemized receipt to the fax number, email address, or mailing address below. To download a claim form, log in at **anthem.com**, or from the home page menu under Support select Forms, click Change State to choose your state, and then scroll down to Claims and select the Blue View Vision Out-of-Network Claim Form. You may instead call member services at **1-866-723-0515** to request a claim form.

To Fax: 866-293-7373
To Email: oonclaims@eyewearspecialoffers.com
To Mail: Blue View Vision
 Attn: OON Claims
 P.O. Box 8504
 Mason, OH 45040-7111

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BLUE VIEW VISION

It's easy to find an eye care provider online

Here's how to find one fast on our mobile app, Sydney, or anthem.com.



Select *Find a Doctor*

To search on the app, you'll need a username and password.

On anthem.com, log in as a member with your username and password, or your member ID card number.

You can also search as a guest. Just select a plan or network, or search by all plans and networks.*



Search for a provider

You can search based on type of provider or facility, locations near you or a provider's name.



Click on the name of an eye care provider to learn more

Find out about their training, specialties, languages spoken, location and phone number.

Keep in mind, you'll get the most from your benefits — and save money — when you use a provider in your plan.

Download our Sydney mobile app today to easily access your plan.



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

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Better health is right before your eyes

It's true with Blue View Vision

Do you really need an eye exam if you're seeing just fine? Absolutely.

Eye doctors can detect eye diseases like macular degeneration and glaucoma early on. And they're often the first to find other health problems, such as high blood pressure, high cholesterol and diabetes, through regular eye exams. That's why we make getting eye care easy and affordable.

Blue View Vision benefits

Plenty of choices

With Blue View VisionSM, you can get your eye care and eyewear just about anywhere:

“**More doctors and locations.** With over 38,000 eye doctors at more than 27,000 locations, you're sure to find an eye care professional that's close to home or work. And you can even buy eyewear at a location that's different from your eye doctor.

“**More freedom.** Choose the style that works best for you!

Incredible convenience

Blue View VisionSM has one of the nation's largest vision networks. You can access independent optometrists, ophthalmologists and opticians, Glasses.com, ContactsDirect, 1-800 CONTACTS, and convenient national optical retailer stores including LensCrafters[®], Pearle Vision[®] and Target Optical.[®]

Many of these stores have night-time and weekend hours, so you can go when it makes sense for you. To find an in-network provider near you, use the Find a Doctor tool on anthem.com.

Independent eye doctors and retail optical stores



Online





Lower costs in the network

We want you to be able to get your eye care and eyewear when you need it — at a price you can afford. Just remember, you'll save time and money by using an eye doctor or optical retail store that's in the network. And when you use your benefits at a network provider, you can include the following options at no additional cost:

- “ Factory scratch coating on standard/basic eyeglass lenses
- “ UV-blocking Transitions® lenses for covered dependents under age 19
- “ Impact-resistant polycarbonate lenses for covered dependents under age 19



Serious savings on just about everything

With Blue View Vision, you can save beyond your benefits through in-network providers. If you buy an eyeglass frame that costs more than your allowance, you'll save 20% off the balance. If you use your contact lens benefit to purchase conventional contact lenses and your cost is higher than your benefit allowance, you'll get 15% off the balance.

Plus, you get:

- “ 40% off extra pairs of glasses anytime, from any network provider.
- ““ High-quality progressive lenses and anti-reflective coatings at different price levels, so you can control how much you spend.
- ““ Negotiated savings on other popular lens options and treatments.
- ““ 20% off other upgrades, accessories and nonprescription sunglasses.

Working together for your total health

When you are covered by both our health and vision plans, your doctors can work together to keep you at your healthy best. For example, let's say your eye doctor notices signs of diabetes or high blood pressure during your eye checkup. He or she can share that information with your primary care doctor. This helps your doctors get a better picture of your overall health.

To get help using your benefits, you can:

- “ **Call Customer Service at 1-866-723-0515.** Representatives are available Monday through Saturday, 7:30 a.m. to 11 p.m. ET, and Sunday, 11 a.m. to 8 p.m. ET. After hours, our Blue View Vision automated telephone system is available.
- “ **Check us out online.** Log in to anthem.com to review your benefits, 24/7.

Blue View Vision can help you see better.
For more information, talk to your benefits manager.

* Discounts don't apply to frames for which a manufacturer has imposed a no-discount policy.

What you've read here is a brief outline of the products and services of your plan. It is not a legal contract. To get the details of your benefits, exclusions and restrictions, please see your Certificate of Coverage.

Transitions is a registered trademarks of Transitions Optical, Inc. Photochromic performance is influenced by temperature, UV exposure and lens material.

Laws in some states may prohibit network providers from discounting products and services that are not covered benefits under the plan.

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Live life to the fullest – without paying full price



Save money with discounts at [anthem.com](https://www.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 an Anthem member. Check out how much you can save:

Vision, hearing and dental

Glasses.com™ and 1-800-CONTACTS® – 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.

EyeMed – Get 30% off a new pair of glasses, 20% off non-prescription sunglasses and 20% off all eyewear accessories.

Premier LASIK – Save \$800 on LASIK when you choose any ‘featured’ Premier LASIK Network provider. Save 15% with all other in-network providers.

TruVision – Save up to 40% on LASIK eye surgery at more than 1,000 locations (over 6.5 million procedures performed in the network).

Nations Hearing – Get hearing screenings and in-home service at no additional cost. All hearing aids start at \$599 each, powered by the Beltone network.

Hearing Care Solutions – Digital instruments start at \$500. Plus, get a free hearing exam. Hearing Care Solutions has 3,100 locations and eight manufacturers, and offers a three-year warranty, two years of batteries and unlimited visits for one year.

Amplifon – Get 25% off, plus an extra \$50 off one hearing aid; \$125 off two.

ProClear™ Aligners – Get \$1,200 off a set of custom aligners. Improving your smile shouldn’t cost a fortune. Now you can get a beautiful, professional smile in the comfort of your own home – all at a 50% savings. No metal braces; no time-consuming dentist visits; no hidden fees. Order now and get a free whitening kit, along with your great-looking smile.



SpecialOffers on anthem.com

Fitness and health

Active&Fit Direct™ — Active&Fit Direct allows you to choose from more than 9,000 participating fitness centers nationwide for \$25 a month (plus a \$25 enrollment fee and applicable taxes). Offered through American Specialty Health Fitness, Inc.

FitBit — Get fit your way with Fitbit trackers and smartwatches that fit with your lifestyle, budget and goals. Save up to 22% on select Fitbit devices.

Garmin — Get 25% off select Garmin wellness devices.

Jenny Craig — Take advantage of a free, three-month program (food not included) plus \$120 in food savings (purchase required), or save 50% off premium programs (food cost separate).

ChooseHealthy — Get discounts on acupuncture, chiropractic, massage and fitness clubs.

Global Fit — Get discounts on gym memberships, fitness equipment, coaching and more.

Family and home

23andMe — Get \$40 off each Health + Ancestry kit. Your DNA says a lot about you. Save 20% on a 23andMe kit and learn about your wellness, ancestry and more.

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

Nationwide Pet Insurance — Receive an automatic 5% discount when you enroll through your company or organization. Save up to 15% when you enroll multiple pets.

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

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

SelfHelpWorks — Choose one of the online Living programs and save 15% on coaching to help you lose weight, stop smoking, manage stress or diabetes, restore sound sleep or face an alcohol problem.

Brevena — Enjoy a 41% discount on BREVENA® skin care creams and balms for smooth, rejuvenated skin from face to foot.

Puritan's Pride — Choose from a large selection of discounted vitamins, minerals and supplements from Puritan's Pride.

Allergy Control Products — Save 20% on select doctor-recommended products such as allergy friendly bedding, air purifiers and filters, asthma products and more. Plus enjoy free shipping on all orders over \$79 when shipping ground within the contiguous U.S.

National Allergy® supply — Save 20% on select National Allergy® Doctor Recommended Products.

- Allergy bedding
- Air purifiers and filters
- Home allergy products
- Personal care
- Humidifiers and dehumidifiers
- Vacuums and steam cleaners

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.

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Life insurance



One more way you can protect your family

No one wants to think about life insurance. It's one of those unpleasant topics you push to the back of your mind and promise to think about "later." But what if "later" came and your family wasn't protected?

A recent study shows that more than half of U.S. households would have trouble meeting everyday living expenses within six months if the primary wage earner died. More than a third would have trouble within just one month.*

Our optional life insurance plans can give your family peace of mind for their future. While you may not want to think about it, there's actually no better time than now to protect your family.

Why now?

- 1. It's easy and more affordable than you might think to add more life insurance coverage.** Your employer may offer a basic term life policy, but it may not be enough to meet your family's needs. During your annual open enrollment, you can buy more coverage at lower rates. And you can keep the policy as long as you make your monthly payments, no matter where you work.
- 2. You don't need a physical exam.** During your enrollment period, you can buy life insurance — up to a certain amount — without a health exam. You may only need to answer a few basic medical questions.
- 3. Payments are taken from your paycheck.** No extra bills or checks to write.

**Do you have a plan for protecting your family?
Having the right coverage can give them —
and you — peace of mind.**

How much life insurance do you need?

Here's a worksheet to help you estimate how much coverage you'll need. Just fill out each amount and add them up at the end. That will give you an idea of the total amount of life insurance your family will need if something happens to you.

Money you owe

How much will be left for your family to pay?

Mortgage balance	\$ _____
Car payments	\$ _____
Loans or credit cards	\$ _____

Long-term costs

How much do your loved ones need each year?

Utilities (electricity, water, phone, cable)	\$ _____
Medical costs or insurance	\$ _____
Food, clothing, children's activities	\$ _____
Car insurance, repairs, gas	\$ _____
Retirement savings	\$ _____

Future plans

How much will your loved ones need for the future?

College	\$ _____
Other (such as retirement or long-term care)	\$ _____

Total	\$ _____
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* Life Happens and LIMRA, 2016 Insurance Barometer Study. www.lifehappens.org/industry-resources/agent/barometer2016/.

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Basic Group Term Life Insurance

The Village for Families & Children

See your benefit certificate for specific plan details, eligibility definitions, limitations, and exclusions.

Group term life insurance benefit:

Class 1 (All Active FT Employees): 1 times annual earnings to a maximum of \$200,000.

Class 2 (All Active Grandfathered Employees): 2 times annual earnings to a maximum of \$200,000.

Guaranteed Issue Amount

\$200,000

If your application is submitted to Anthem within 31 days of you becoming eligible, the Guaranteed Issue amount is available without evidence of insurability. You must submit evidence of insurability and Anthem must approve any amounts above the Guaranteed Issue amount in writing.

If your application is submitted to Anthem more than 31 days after you became eligible, the Guaranteed Issue amount does not apply. You must submit evidence of insurability and Anthem must approve all amounts in writing.

Accidental death and dismemberment insurance benefit: Equal to group term life insurance benefit.

Coverage for your family (if elected):

You may also choose life and accidental death and dismemberment coverage for your spouse and your children:

\$2,000 for your spouse and \$1,000 for each child

Dependents' coverage may not exceed 50% of the employee's benefit amount. Child coverage begins on the 15th day following birth and terminates at age 26.

Benefits after age 65

You will still have benefits after you turn 65, though they will reduce as follows:

35% reduction at age 65; 50% reduction at age 70

All benefits end at retirement.

Living Benefit (accelerated death benefit)

You can ask for up to 75% of your group term life benefits to be paid while you are living, if you are terminally ill with less than 12 months to live. If you take a Living Benefit payment, the amount your beneficiary gets after your death will be reduced by the amount you were paid.

Waiver of premium

We may continue your life insurance coverage until you turn 65 if you become totally disabled and not able to work prior to age 60. You will not pay premiums after the first six months after we approve your waiver of premium claim.

Conversion

If you leave your job for any reason, you may be able to change your group life coverage to an individual policy. You must apply for coverage and pay the first month's premium for the individual policy within 31 days of the last day you were employed.

Resource Advisor

This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources at www.resourceadvisor.anthem.com, program name "AnthemResourceAdvisor". To access Resource Advisor call (888) 209-7840.

Travel assistance

This value added program gives you access to emergency medical help, travel services and useful tips for your trip if you travel more than 100 miles from home – all at no additional cost to you. You can access Travel assistance benefits by calling: US and Canada (866) 295-4890, other locations (call collect) (202) 296-7482. **All services must be arranged in advance by Generali Global Assistance, Inc. the Travel Assistance vendor.**

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Travel Assistance value added services are provided by Generali Global Assistance, Inc. In all cases, Generali Global Assistance, Inc. only suggests a medical professional, medical facility or attorney that gives services to the eligible member. They are not employees or agents of Generali Global Assistance, Inc. or Anthem. You choose the medical advice or legal counsel you want. Generali Global Assistance, Inc. or Anthem is not liable for any medical advice or legal counsel given by the medical professional or attorney. Generali Global Assistance, Inc. also is not liable for the negligence or other wrongful acts or omissions of any of the health or legal care professionals who give these services. The covered member cannot take action against Generali Global Assistance, Inc. or Anthem for its suggestion of or contract with a medical professional or attorney. You must pay back Generali Global Assistance, Inc. for some costs. Generali Global Assistance, Inc. is not affiliated with Anthem and the services provided are not part of the insurance coverage provided by Anthem. The agreement between Generali Global Assistance, Inc. and Anthem is subject to change, which may affect the services offered. Valid only for eligible members. Retirees are not eligible for travel assistance services.

Beneficiary Companion services are provided by Generali Global Assistance, Inc.

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Optional Life Insurance

The Village for Families & Children

See your benefit certificate for specific plan details, eligibility definitions, limitations and exclusions.

Optional group term life insurance benefit

You may purchase coverage in an amount from \$10,000 to \$300,000 or 5x annual earnings, whichever is less, in increments of \$10,000. Your family or beneficiary will get this additional benefit amount if you pass away.

Guaranteed Issue Amount

\$150,000

If your application is submitted to Anthem within 31 days of you becoming eligible, the Guaranteed Issue amount is available without evidence of insurability. You must submit evidence of insurability and Anthem must approve any amounts above the Guaranteed Issue amount in writing.

Initial One-Time Enrollment: You have the opportunity to elect up to \$150,000 in coverage without providing Evidence of Insurability, during your 30 day open enrollment period, according to the terms of the contract.

Annual Enrollment: If you are currently enrolled in the Optional Life insurance, you have the ability to increase your coverage each year by one \$10,000 increment, up to the guaranteed issue amount, without providing Evidence of Insurability. If you elect over the guaranteed issue amount or if you increase by more than one \$10,000 increment, you will need to submit evidence of insurability and Anthem must approve any amounts above the Guaranteed Issue amount in writing.

If your application is submitted to Anthem more than 31 days after you became eligible, the Guaranteed Issue amount does not apply. You must submit evidence of insurability and Anthem must approve all amounts in writing.

Optional life and coverage for your family

You may also choose additional life coverage for your spouse and your children.

You may purchase coverage for your spouse in \$5,000 increments to a maximum of \$100,000.

You may purchase coverage for your children from \$2,000 to a maximum of \$10,000, in increments of \$1,000.

Spouse Guaranteed Issue Amount: \$35,000

If your application for your spouse/child(ren) is submitted to Anthem within 31 days of you becoming eligible, the Spouse Guaranteed Issue amount is available without evidence of insurability. You must submit evidence of insurability for your Spouse and Anthem must approve any amounts above the Spouse Guaranteed Issue amount in writing.

Initial One-Time Enrollment for Spouses: You have the opportunity to elect up to \$35,000 in coverage for your spouse without providing Evidence of Insurability during your 30 day open enrollment period, according to the terms of the contract.

If your Spouse/Child(ren) application is submitted to Anthem more than 31 days after you became eligible, the Spouse Guaranteed Issue amount does not apply. You must submit evidence of insurability for your Spouse and Anthem must approve all amounts in writing.

Dependent coverage may not exceed 100% of the employee's benefit amount. Child coverage begins on the 15th day following birth and terminates at age 26.

Benefits after age 65

You will still have benefits after you turn 65, though they will reduce as follows:

35% reduction at age 65; 50% reduction at age 70

All benefits end at retirement.

Living Benefit (accelerated death benefit)

You can ask for up to 75% of your optional life benefits to be paid while you are living if you are terminally ill with less than 12 months to live. If you take a Living Benefit payment, the amount your beneficiary gets after your death will be

reduced by the amount you were paid.

Waiver of premium

We may continue your life insurance coverage until you turn 65 if you become totally disabled and not able to work prior to age 60. You will not pay premiums after the first six months after we approve your waiver of premium claim.

Portability of optional life insurance

If you leave employment for reasons other than retirement or disability, this feature allows you to take your optional life insurance coverage with you by paying the required premiums. Plus, the rates are typically lower than an individual policy.

Conversion

If you leave your job for any reason, you may be able to change your group life coverage to an individual policy. You must apply for coverage and pay the first month's premium for the individual policy within 31 days of the last day you were employed.

Resource Advisor

This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources at www.resourceadvisor.anthem.com, program name "AnthemResourceAdvisor". To access Resource Advisor call (888) 209-7840.

Travel assistance

This value added program gives you access to emergency medical help, travel services and useful tips for your trip if you travel more than 100 miles from home – all at no additional cost to you. You can access Travel assistance benefits by calling: US and Canada (866) 295-4890, other locations (call collect) (202) 296-7482. **All services must be arranged in advance by Generali Global Assistance, Inc. the Travel Assistance vendor.**

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Beneficiary Companion services are provided by Generali Global Assistance, Inc.

Disability insurance



When the unexpected happens, you want a backup plan

If you get sick or injured and can't work, your paycheck may go away — but your regular expenses won't.

A disability plan can provide peace of mind. Think of it as a backup plan for the worst-case scenario and a way to protect your income.

Did you know that 1 in 4 of today's 20-year-olds will become disabled before they retire?¹ **If you get sick or injured and can't work, our disability coverage pays you part of your salary, up to the limit allowed by your plan.** It can help you cover medical bills and other expenses while you're not getting a paycheck.

Most people think of workplace injuries or accidents when they think of disability. But 90% of disabilities are caused by illness, such as arthritis, back pain or cancer.¹

Fast and accurate payments

We know that when you need disability benefits, you need them fast. So our claims turnaround time is among the fastest in the industry — usually within two days.² And our accuracy rate for claims payments is 99.9%.²

How much disability insurance do you need?

Here's a quick checklist to help you estimate how much disability coverage you'll need. Fill in your regular monthly expenses and add them up to get an estimate of your total expenses.

Mortgage or rent	\$ _____
Transportation (car payments, car repairs, gas)	\$ _____
Utilities	\$ _____
Food	\$ _____
Child care or elder care	\$ _____
Medical	\$ _____
Education	\$ _____
Loan or credit card payments	\$ _____
_____	\$ _____
_____	\$ _____
Total	\$ _____

¹ Council for Disability Awareness website. *Chances of Disability* (accessed February 6, 2017). www.disabilitycanhappen.org.
² Internal data, 2016.

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Voluntary Group Short Term Disability Insurance

The Village for Families & Children

See your benefit certificate for specific plan details, eligibility definitions, limitations, and exclusions.

Voluntary group short term disability benefit amount: 60% of weekly earnings to a maximum weekly benefit of \$1,000.

Current Employees: If you are not currently enrolled, you must submit evidence of insurability and Anthem must approve it in writing.

If your application is submitted to Anthem more than 31 days after you became eligible, you must submit evidence of insurability and Anthem must approve it in writing.

How benefits are paid

Payments begin for disabilities resulting from accidents and illnesses as follows:

15th day for accident, 15th day for illness

The maximum benefit period determines how long benefits will be paid. The maximum benefit period is 24 weeks.

Partial disability benefits

If you are able to return to work part-time, you may still receive a portion of your short term disability benefit to help fill the gap in your income.

Maternity benefit

Short term disability benefits for pregnancy are provided the same as for a disability caused by an illness.

Resource Advisor

This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services; legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources at www.resourceadvisor.anthem.com, program name "AnthemResourceAdvisor". To access Resource Advisor call (888) 209-7840.

Pre-existing conditions

A pre-existing condition is an illness or injury for which you received treatment or where symptoms were present within 3 months prior to your effective date of coverage. A disability that begins in the first 12 months after your effective date will not be covered if it results from a pre-existing condition.

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Group Long Term Disability Insurance

The Village for Families & Children

See your benefit certificate for specific plan details, eligibility definitions, limitations, and exclusions.

<p>Group long term disability benefit amount: 60% of monthly earnings up to a maximum monthly benefit of \$5,000.</p>
<p>Elimination period The number of days you must be unable to work due to an approved qualifying disability before benefits begin: 180 days</p>
<p>Maximum Benefit period: to normal Social Security retirement age See your certificate for specific maximum payment durations based on age at the time of disability. Benefits paid at the time of an approved qualifying disability may vary from the benefit duration period shown.</p>
<p>Partial disability benefits If you are able to return to work part-time, you may still receive a portion of your long term disability benefit to help fill the gap in your income.</p>
<p>Survivor benefit If you pass away after receiving Long Term Disability benefits for at least 180 consecutive days, and are receiving benefits at the time of your death, a lump-sum payment benefit will be paid to your beneficiary. The Survivor Benefit is equal to three times your monthly benefit.</p>
<p>Vocational rehabilitation We may provide services, such as vocational testing and training, job modifications and job placement to help you return to active employment if you suffer a disability.</p>
<p>Social Security assistance If you are receiving long term disability benefits, we will help you apply for Social Security and, if necessary, offer guidance through the appeal process.</p>
<p>Resource Advisor This value-added support program gives you and your family access to work/life resources, at no additional cost to you, including: face-to-face visits with a counselor or online visits via LiveHealth Online; identity monitoring and identity theft victim recovery services, legal and financial consultations; toll-free, 24/7 phone counseling from anywhere in the United States; and unlimited access to Resource Advisor online resources at www.resourceadvisor.anthem.com, program name "AnthemResourceAdvisor". To access Resource Advisor call (888) 209-7840.</p>
<p>Pre-existing conditions A pre-existing condition is an illness or injury for which you received treatment or where symptoms were present within 3 months prior to your effective date of coverage. A disability that begins in the first 12 months after your effective date will not be covered if it results from a pre-existing condition.</p>

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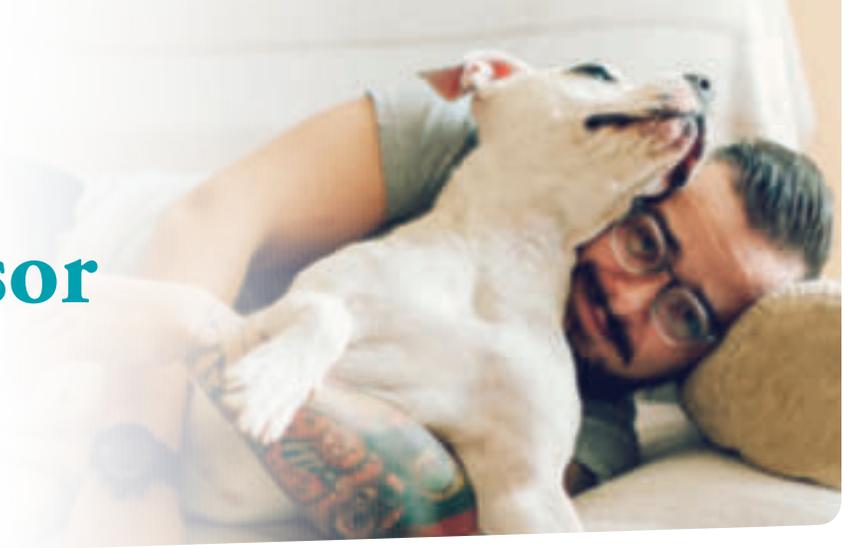
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Resource Advisor is here to help



Resource Advisor, a member assistance program that's included with your life and/or disability benefit, provides resources and services to support you and your household family members when you need it.

Counseling by phone, face-to-face or LiveHealth Online video chat

When you're feeling stressed, worried or having a tough time, you may want someone to talk to. You and your household family members can call Resource Advisor anytime, 24/7, and talk with a licensed counselor:

- **By phone:** Call **1-888-209-7840**.
- **In-person:** Call to set up face-to face sessions and then schedule with your counselor.
- **Video chat:** Talk with a counselor from the convenience of your home or wherever you have internet access and privacy using LiveHealth Online. To set up a LiveHealth Online visit, call Resource Advisor. We'll give you details about how to schedule a visit, along with a coupon code that gives you LiveHealth Online visits at no extra cost to you.

You can also review a therapist's background and qualifications to help choose one who's available and right for you. Whatever works for you — we're here to help with any concern, no matter how big or small.

You and your family members are eligible for up to three counselor visits for each issue or concern, at no cost to you.

Counselors can help with:

- Stress
- Parenting
- Anxiety
- Depression
- Any issue that affects your wellbeing
- Help dealing with illness
- Relationship or family issues
- Help finding child care
- Elder care issues and resources

Resource Advisor
1-888-209-7840

www.ResourceAdvisor.Anthem.com
(Log in with program name AnthemResourceAdvisor.)

Support when you need it

Here are some services you can count on from Resource Advisor

Financial planning

Call Resource Advisor to set up one-on-one financial counseling with a certified professional financial planner. They can help with issues like retirement planning, saving for a child's education and more.

Legal services

With a call to Resource Advisor, you can get a consultation with an attorney over the phone at no charge. If you want to meet with an attorney in person, the legal consultant can set up an appointment at a discounted fee.

Identity theft recovery and monitoring

Resource Advisor has fraud resolution specialists who can help if your identity is stolen. They can work with creditors, collection agencies, law firms and credit reporting agencies for you for up to one year. You can sign up for ID monitoring, get credit report reviews and place fraud alerts on credit reports no matter how many times your identity is compromised.

Online tools to help with life's issues

The Resource Advisor website has tools to help with many of life's challenges, such as creating a will, parenting, aging, healthy living, household support, referrals, funeral planning and more. Visit www.ResourceAdvisor.Anthem.com and use the program name "AnthemResourceAdvisor" to access resources.

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.

Appointments subject to availability of a therapist.

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.

Note about eligibility: This program is for active employees and their household family members. All benefits end at retirement.

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 Cut out this wallet card and keep it with you when you travel.

AnthemLife 

Anthem 

Resource Advisor

Get support, advice and resources, 24/7.

1-888-209-7840

www.ResourceAdvisor.Anthem.com



Resource Advisor

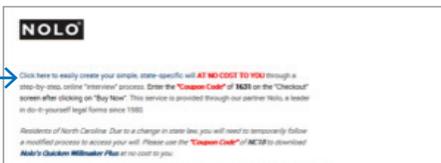
Create your will using our simple online tool

It's one of the most important conversations you'll ever have. Making your final wishes clear by creating a will is one of the best ways to protect your loved ones' financial well-being and make their lives easier.

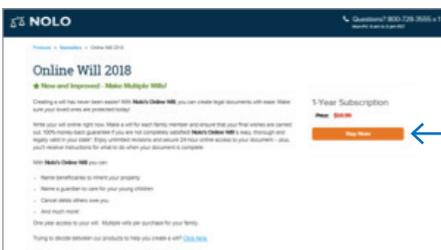
With Resource Advisor, the member assistance program included with your Anthem group life insurance, creating a will is simple and fast. An easy online tool will walk you through the process step by step — creating a will customized for you and specific to your state's laws. It's easy to understand and best of all, it won't cost you extra because it's included on the Resource Advisor website.

Here's how to use the online will tool

1. Go to ResourceAdvisor.Anthem.com and sign in using the password you'll get on the login screen.
2. Select **Legal/Financial** from the green menu on the right.
3. Scroll down until you see the NOLO logo. Select **Click here to easily create your simple, state-specific will**. Make sure you note the Coupon Code shown in the first paragraph — you'll need it later.



4. Select the orange **Buy Now** button. Don't worry if it shows a price — your Coupon Code will let you use the will tool at no cost.



5. Enter the Coupon Code in the *Discount Codes* box. Choose **Apply Coupon**. The cost will now show \$0.00.
6. Fill in your name, address and all required information on the next screen. At the following screen, choose **Go to my document**.
7. To create your will, answer the questions you'll see on screen.
8. Print your will.
9. Sign your will in front of two witnesses.
10. Keep your will in a safe place.

This tool works well for most people with typical assets, such as a house, a car, savings and investments.¹ You'll be able to breathe a big sigh of relief, knowing you're protecting your family and loved ones.

Need more help?

If you have questions for a lawyer, you can call Resource Advisor at 1-888-209-7840. We can arrange a phone call with one at no cost. If you'd rather have a lawyer help write your will, you can get that, too. Call Resource Advisor and we can set up a visit with a lawyer. You'll pay the lawyer's fees, but if Resource Advisor sets up your meeting, you can get a 25% discount.²

Why is a will so important?

A will — sometimes called a Last Will and Testament — is a written statement of what you want done with your property. It's also the only way to name a guardian for your children if you die before they're adults. Here are the most common things you can do with a will:

Decide who gets your property and money when you die, including your:

- “Home
- “Other property
- “Money in bank accounts
- “Investments
- “Retirement accounts
- “Financial assets like life insurance and annuities
- “Possessions like furniture, art, vehicles and other items

Without a will or other plan, your state laws will determine how your property is distributed after you die. A will that clearly states your wishes can also help avoid arguments over your property and other assets. You can also use your will to take care of any debts or to provide money for someone's education or medical costs. And you can give to charity.

Name a guardian to take care of your children

Even if you have very few assets, you need a will to name a person or people who will take care of your children if you die before they become adults. Without a will, a court will decide.

Name a property manager to take care of property you leave to your children

If you leave property to your children through a will, trust or life insurance policy, it must be managed by an adult. You can leave instructions about how to manage the property, usually through a trust or Uniform Transfer to Minors Act (UTMA) custodianship.

Name an executor

This is the person who'll wrap up your estate after you die. It can be a relative or a trusted friend, or a lawyer, accountant or financial planner you choose. Without a will, a court will appoint someone to do this job.

Name a caretaker for your pet

A will is the simplest way to choose a caretaker for your pet. You can also leave money to that person to help take care of the pet.

It's about life

Will planning is fast and simple with the Resource Advisor online tool. Go to ResourceAdvisor.Anthem.com today and give yourself and your loved ones peace of mind.



1 Some situations may require more detailed expert advice. These include you or your spouse leaving more than \$2 million in assets, anticipated family conflicts over assets and setting up a long-term trust for a child with special needs.

2 You'll also pay any fees the lawyer charges for document preparation and printing. These fees aren't included in the Resource Advisor discount.

This information is not intended as legal advice, and isn't a substitute for personalized advice from a knowledgeable lawyer or estate planning expert. Anthem is not responsible for the services or advice provided by or through the Resource Advisor program.

The Resource Advisor services are not a part of the certificate, policy or trust agreement and do not modify any insured benefits. The Resource Advisor services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificateholders as described, modifications to our agreements with service providers may require that services be periodically modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services, or other business reasons at the discretion of the insurer or service providers.

Life and Disability products underwritten by Anthem Life Insurance Company, an independent licensee of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc.



Resource Advisor

Perks at Work

Discounts on things you use every day

Save on electronics, restaurant certificates, gym memberships, weight loss programs, glasses and contacts, nutritional supplements, travel, sporting events tickets – even on buying your next car. It's part of the Resource Advisor member assistance program that's included with your life and disability coverage from Anthem Life.

Perks at Work has discounts on goods and services you use every day like:

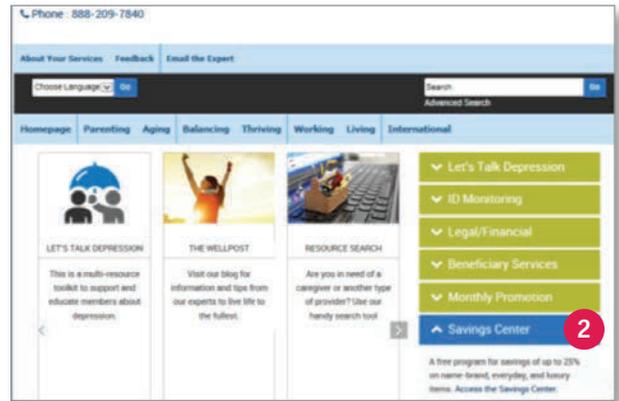
- Gym memberships, including FitReserve, LA Fitness, ClassPass, Active & Fit, GlobalFit and more
- Weight loss programs like Nutrisystem, Weight Watchers and more
- Vitamins and supplements, including GNC
- Vision supplies and services, including Glasses Shop, 1-800 CONTACTS, and LasikPlus
- Dozens of brands of hotels
- Flights and other vacation services
- TVs, computers, tablets, video games and more
- Six Flags amusement parks
- Movie tickets
- Employee car buying service
- Cell phones from Sprint, T-Mobile, Verizon and more
- Gift certificates from popular restaurants

Log on to Anthem Life's Resource Advisor website to check out all the savings – and to access discounts.

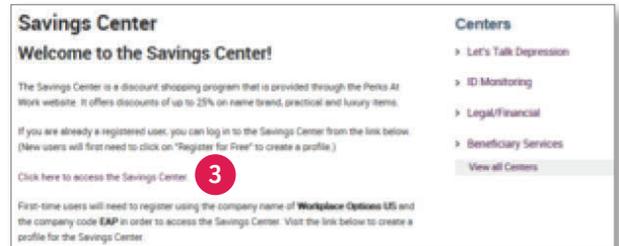
To sign up for Perks at Work:

1 Go to ResourceAdvisor.Anthem.com and sign in using the program name *AnthemResourceAdvisor*.

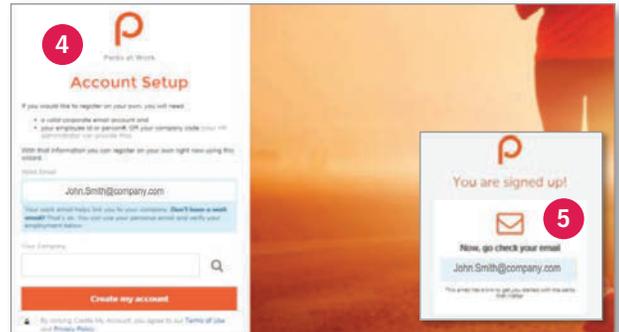
2 Choose **Savings Center** and then choose **Access the Savings Center**.



3 You'll see an overview of the *Savings Center*. To access *Perks at Work*, choose **Click here to access the Savings Center**.



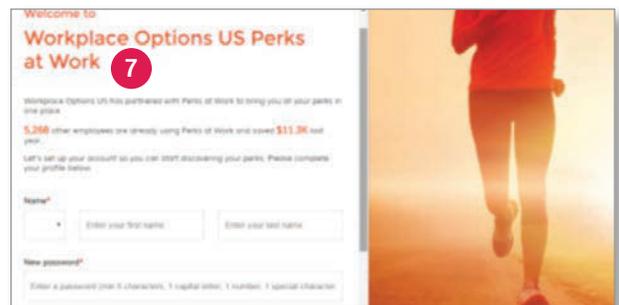
4 You'll be taken to the Perks at Work website. To set up your Perks at Work account, enter your work email. In the *Your Company* box, enter **Workplace Options US** and in the *Please enter your Company Code* box, enter **EAP**. Then, choose **Create my account**.



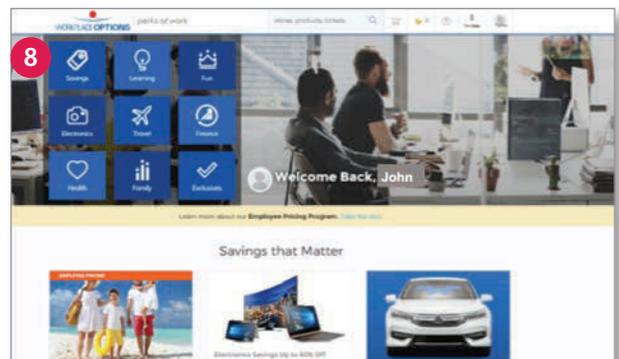
5 You'll get a confirmation.

6 Check your email for an email from Perks at Work. Click on the **Complete my profile** button in the email.

7 You'll be taken back to the Perks at Work website to set up your password.

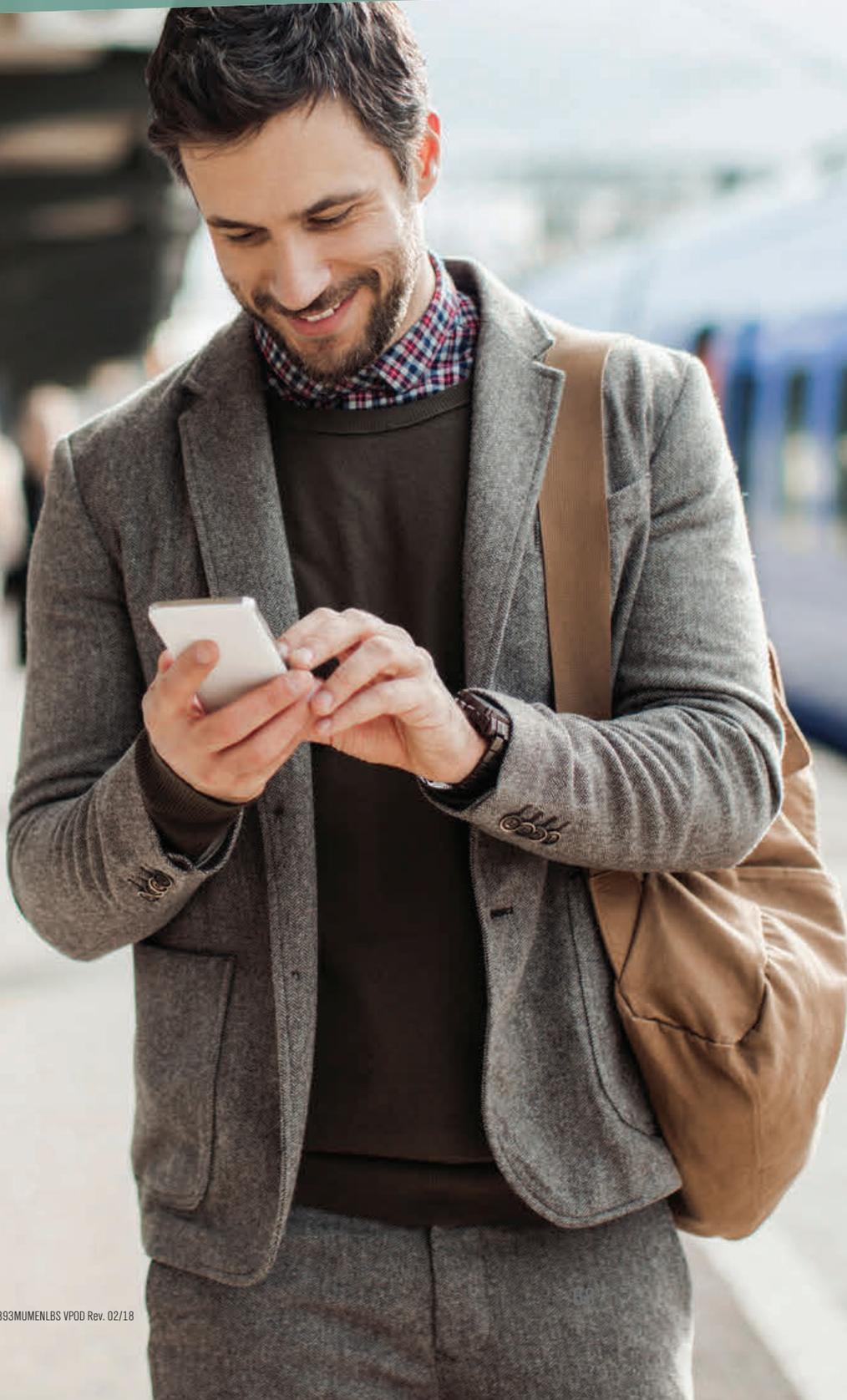


8 You're now signed up for Perks at Work — time to start saving! Be sure to check Perks at Work often for new discounts.



Travel assistance services

Coverage no matter where life takes you



What do you do when an unexpected medical emergency happens while you're traveling?

No worries. That's already "packed" into your group life insurance. We want to make sure you can get the help you need – whenever you need it and no matter where you are in the world. That's why we teamed up with General Global Assistance, Inc. (GGA) to help provide a safety net so you and your dependents have peace of mind knowing you'll be able to get help.

You can get medical travel assistance when you're more than 100 miles away from home for 90 days or less. All services, including medical transport, must be arranged in advance by General Global Assistance, Inc.. You may have to pay fees for certain other services GGA provides, such as cash advances.

Travel assistance services

From immunizations and passports before you leave to transport in a medical emergency during your trip, you have access to a wide range of travel assistance services with GGA. They include:

- **Medical referrals and medical monitoring.** GGA will help you find doctors, dentists and medical facilities. When you have a medical emergency, professional case managers, including doctors and nurses, will review your case to make sure you're getting the right care or decide if medical transport is required.
- **Medical evacuation/return home.** If a doctor chosen by GGA decides that you should be taken to the closest adequate medical facility (evacuated) or taken back home for further treatment (repatriation), GGA will make arrangements to take you there and pay for it up to the program limit of \$1,000,000 per medical incident (all transport services combined). GGA must make all arrangements.
- **Repatriation of remains.** Should you, your spouse or a dependent child pass away during a covered trip, GGA will make all necessary transport arrangements to get the remains back to the person's primary residence. GGA will also pay for these arrangements as well as necessary documentation for services arranged by GGA. Cremation can be payable if approved by GGA if requested in lieu of repatriation.
- **Traveling companion assistance.** If someone traveling with you cannot continue traveling because of your hospitalization due to a medical emergency, GGA will make arrangements and pay up to \$5,000 for his or her most direct route home on economy class airfare.
- **Help with dependent children.** If you are traveling with a dependent under the age of 26 and he or she is left alone because you are in the hospital, GGA will set up and pay for his/her economy class transportation home by the most direct route on economy class airfare, up to \$5,000. GGA will also arrange and pay for a qualified escort to go with the child, if needed.
- **Visit by family member/friend.** If you are traveling alone and will be in the hospital for seven consecutive days, GGA will provide for and pay up to \$5,000 for round-trip economy class transportation for one member of your

immediate family, or one friend, from his or her home, to the hospital. GGA will also pay for up to five days at \$150 per day of meals and lodging for the visiting family member or friend.

- **Return your vehicle in a medical emergency.** If you cannot drive your non-job related vehicle because of a medical emergency or death, GGA will arrange and pay for its return to your home or rental place. You will not have to pay for services like:
 - Transportation fees for the driver to get to the vehicle.
 - Transportation fees for the driver to go back home after the vehicle has been returned.
 - Fuel, tolls and parking fees from the pick-up point to the final destination.
 - Driving fees for a commercially-licensed driving agency, up to \$2,500.
- **Return your pet in a medical emergency.** If your pet is traveling with you and is left alone because you are in the hospital or you pass away, GGA will arrange and pay for its return home. GGA will cover:
 - A container to transport the pet.
 - Food.
 - Fees for emergency housing or for a kennel until the pet is transported.This benefit is limited to \$1,000 and covers no more than two nights if you are in the hospital and no more than four nights in case of your death.

24/7 help is just a phone call away

If you need help when you're away from home, you can reach GGA 24/7:

- By phone from the U.S. and Canada: 1-866-295-4890
- By phone from other countries: +1-202-296-7482 (call collect)
- By email: OPS@GGA-usa.com

All services must be arranged in advance by GGA to be covered.

- Medication and eyeglasses replacement.** GGA will arrange a refill for a prescription that has been lost, stolen or needs a refill, subject to local law, whenever possible. GGA will also help you ship or replace eyeglasses. You must pay for the costs of shipping the prescription, refill and eyeglasses.
- Emergency messages.** GGA can relay emergency messages to and from friends, family members and people you work with.
- Emergency travel arrangements.** GGA can make new travel arrangements or change airline, hotel and car rental reservations if there is an emergency or something else happens you don't expect. You must provide a payment/credit card guarantee for all tickets, hotel and rentals.
- Emergency cash.** GGA will advance you \$500 if needed in an emergency. You must provide a guarantee of payment and pay for any transfer or delivery fees.
- Legal help/bail.** GGA will find an attorney and arrange for payment of the bail bond, if the law permits. You must provide a guarantee of payment for the bail bond fees and pay the attorney fees.
- Interpretation/translation** (helping you understand the local language). GGA will help with telephone interpretation in all major languages or will refer you to a service that interprets and translates documents in writing.
- Finding lost items.** GGA will help you find lost luggage, documents and personal items. GGA may also contact airlines and government authorities to help.
- Help before you travel.** GGA can help before you travel with things like:
 - Information on visa requirements.
 - Passports, inoculations and immunization requirements.
 - Cultural information.
 - Weather conditions.
 - Finding an embassy or consulate.
 - Foreign exchange rates.
 - Travel advisories (warnings).

All services must be arranged in advance by GGA to be covered.

Frequently asked questions

Q. In a life-threatening situation, should I call local authorities or GGA?

If you have a life-threatening emergency, first call the local emergency authorities to get help right away. Then, as soon as possible, contact GGA for assistance. GGA representatives will ask for some initial information including your location and your attending doctor's contact information. They will obtain medical information about your condition to determine whether the care you are receiving is adequate and relevant, and decide on the next steps with you. This includes medical transport considerations. GGA must make or approve all transport-related services in order for them to be eligible for coverage. You must contact GGA in order for a transport to be payable.

Q. Does the program provide emergency medical coverage?

Emergency medical coverage is currently not part of the program. GGA can guarantee medical expenses internationally on your behalf but you must provide a credit card guarantee up front. Also, you are responsible for any fees for some services as noted, but not for any arrangements that GGA makes or GGA's case management fees.

Q. I have medical coverage.

Why do I need travel assistance, too?

Medical coverage only takes care of medical expenses. When hospitalized, the most important aspect is to assess whether the care you are receiving is adequate for your condition and circumstance. GGA has the resources to:

- Help you find the right place for medical care, make an appointment and arrange for someone to take you there.
- Monitor your condition and medical evolution and assess if you need to be transported to a different medical facility.
- Advance or guarantee emergency medical expenses with your repayment guarantee. Many overseas facilities will not accept a credit card for payment, and you may not have the necessary cash — making this service a very important aspect of the program.

GGA will also, when possible, work with your health insurance company (if you have international medical coverage) to find payment solutions.

Good planning is your best way to have a great trip!

Check out these travel-related websites:

U.S. State Department travel site: travel.state.gov/travel/travel_1744.html

Currency converter: xe.com/currencyconverter

CIA Factbook: cia.gov/library/publications/the-world-factbook

Time zone converter: timezoneconverter.com

International calling codes: countrycallingcodes.com

Conditions and exclusions

There are some conditions and exclusions to the travel assistance services:

- Medical transportation must be medically necessary; GGA will not evacuate or repatriate you if a GGA doctor determines that adequate medical care is offered locally.
- GGA will not give services or payment for an injury caused by:
 - Suicide, attempted suicide or injuries you caused to yourself on purpose.
 - War, invasion, acts of foreign enemies, hostilities between nations (whether declared or not), civil war.
 - Serving in any military maneuver or training exercise.
 - Piloting or learning to pilot, or acting as a member of the crew of any aircraft.
 - Mental or emotional problems, unless you are in the hospital.
 - Being under the influence of drugs or intoxicants, unless prescribed by a physician.
 - Committing or attempting a criminal act.
 - Joining in professional athletics.
 - Traveling to get medical services or treatment.
 - Services not shown as covered.

- GGA provides services all over the world. But, GGA may decide that services cannot be provided in certain countries or locales because of war, natural disaster or political instability. GGA will try to help you within the area's limitations. GGA is not responsible for not giving, or for delaying, services if there are conditions beyond its control, such as:
 - Flight conditions.
 - Labor disturbance and strike.
 - Rebellion, riot, civil commotion, war or uprising.
 - Nuclear accidents.
 - Natural disasters.
 - Local law or regulations.

Travel assistance services are offered only to eligible members. Retirees are not eligible for travel assistance services.

 Cut out this wallet card and keep it with you when you travel.

Travel Assistance

Provided by General Global Assistance, Inc. (GGA) for Anthem Life

Valid only for eligible members with group life insurance coverage.

Retirees are not eligible for travel assistance services.

For travel emergency assistance services, first call the appropriate number below, depending on your location:

U.S. and Canada: **1-866-295-4890**
Other locations (call collect): **+1-202-296-7482**

For more details, go to anthemlife.com.

Travel assistance services are a value-added additional service and are not a part of the life insurance certificate, policy or trust agreement and do not modify any insured benefits. The value-added additional services are provided based on negotiated agreements between the insurance company and certain service providers. Although the insurance company endeavors to make these services available to all policyholders and certificate holders as described, modifications to our agreements with service providers may require that services be periodically modified or terminated. Such modification or termination of services may be made based on cost to the insurer, availability of services or other business reasons at the discretion of the insurer or service providers.

Travel assistance value-added services are provided by General Global Assistance, Inc. In all cases, General Global Assistance, Inc. only suggests a medical professional, medical facility or attorney that gives services to the eligible member. They are not employees or agents of General Global Assistance, Inc. or Anthem Life. You choose the medical advice or legal counsel you want. General Global Assistance, Inc. or Anthem Life is not liable for any medical advice or legal counsel given by the medical professional or attorney. General Global Assistance, Inc. also is not liable for the negligence or other wrongful acts or omissions of any of the health or legal care professionals who give these services. The covered member cannot take action against General Global Assistance, Inc. or Anthem Life for its suggestion of or contract with a medical professional or attorney. You must pay back General Global Assistance, Inc. for some costs. General Global Assistance, Inc. is not affiliated with Anthem Life and the services provided are not part of the insurance coverage provided by Anthem Life. The agreement between General Global Assistance, Inc. and Anthem Life is subject to change, which may affect the services offered. Valid only for eligible members.

Life and Disability products underwritten by Anthem Life Insurance Company. 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: Anthem Health Plans of Missouri, 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 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.

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Evidence of Insurability Form



Anthem Life Insurance Company
 P.O. Box 182361
 Columbus, OH 43218-2361
 800-551-7265 • 614-433-8880 Fax

Group #

PART A - GENERAL INFORMATION

Please print in ink or type

Last Name	First Name	Middle Initial	State of Birth	Date of Birth	Social Security Number
Name of Employer			Height	Weight	Work Phone #

PART B – DEPENDENT INFORMATION

Complete for all dependents (if any) to be covered under this program.

First Name	MI	Last Name <small>If different from Employee)</small>	Height	Weight	Birth Date <small>Mo., Day, Yr.</small>	State <small>Of Birth</small>	Gender <small>M or F</small>	Relationship	Full-time <small>Student Y or N</small>	Eligible Income <small>Tax Exemption Y or N</small>
								SPOUSE		

PART C – MEDICAL QUESTIONNAIRE

COMPLETE THE FOLLOWING MEDICAL QUESTIONS FOR ALL PERSONS TO BE COVERED: For the purpose of the following medical questions, the term "medical or social practitioner" includes but is not limited to: a doctor, nurse, psychologist, psychiatrist, social worker, chiropractor, podiatrist, therapist, pathologist, dentist, optometrist, osteopath, clergy, Christian Science practitioner, or any person affiliated with a self-help program such as Alcoholics Anonymous, a substance abuse program, or a weight loss program.

- | | | | |
|--|---|--|---|
| <p>1. Are you or any of your dependents currently pregnant?
 If yes, who? _____
 Expected due date: _____</p> <p>2. Do you or any of your dependents smoke or use tobacco?
 If yes, who? _____
 Type? _____</p> <p>3. In the past 10 years, has anyone ever:</p> <ul style="list-style-type: none"> a. had high blood pressure or high cholesterol? If yes, last three readings: _____ b. had heart disease, cancer, diabetes, arthritis, or asthma? c. had counseling by a medical or social practitioner for an emotional, mental or nervous condition? d. been treated for alcohol or chemical dependency, or been convicted for driving while intoxicated? | <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> | <p>4. Has anyone ever been diagnosed by, or received treatment from, a member of the medical profession for Acquired Immune Deficiency Syndrome (AIDS) or AIDS-Related Complex (ARC), or tested positive for antibodies to the Human Immune Deficiency virus ?</p> <p>5. In the past three years has anyone been prescribed medication?</p> <p>6. In the past 10 years has anyone had an inpatient admission and/or outpatient surgery?</p> <p>7. During the past three years, has anyone sought medical treatment, or been advised by a medical or social practitioner to seek treatment for any condition not indicated by your answers to the preceding six questions?</p> <p>8. Has anyone ever been rated or declined for, or refused reinstatement or renewal of, life or health insurance?
 If yes, name of person, date and reason:

 _____</p> <p>9. In the past three years, has anyone been engaged in or does anyone contemplate being engaged in sports or hobbies such as aviation, scuba diving, sky diving, racing, or similar activities? (Please list)

 _____</p> | <p><input type="checkbox"/> YES <input type="checkbox"/> NO</p> |
|--|---|--|---|

IMPORTANT NOTICE: No person, including an employee or agent of Anthem Life has the authority to change or omit any of these medical questions.

A-306 9612

OMEU (04/09)

(To be detached and retained by applicant)
ANTHEM LIFE INSURANCE COMPANY
NOTICE TO PROPOSED INSURED
 (Fair Credit Reporting Notice)

INVESTIGATIVE CONSUMER REPORTS

Under Public Law 91-508, we are required to inform persons proposed for insurance that, as part of our underwriting procedure, an investigative consumer report may be obtained which will provide information concerning residence, employment, finances, health, character, general reputation, personal characteristics, and mode of living. Such information for the investigative consumer report will be obtained through personal interviews with your friends, neighbors, and associates. This information may also be obtained by telephone interview with you or a member of your household. You may request to be personally interviewed. You may also request a copy of the investigative report. Upon written request to the Company's Underwriting Department, a complete and accurate disclosure of the nature and scope of the investigative consumer report will be provided. If you question the accuracy of the information in our files, you may request a correction in accordance with the procedures set forth in the Federal Fair Credit Reporting Act.

We're here for you – in many languages

The law requires us to include a message in all of these different languages. Curious what they say? Here's the English version: "You have the right to get help in your language for free. Just call the Member Services number on your ID card." Visually impaired? You can also ask for other formats of this document.

Spanish

Usted tiene derecho a recibir ayuda en su idioma en forma gratuita. Simplemente llame al número de Servicios para Miembros que figura en su tarjeta de identificación.

Chinese

您有權免費獲得透過您使用的語言提供的幫助。請撥打您的 ID 卡片上的會員服務電話號碼。若您是視障人士，還可索取本文件的其他格式版本。

Vietnamese

Quý vị có quyền nhận miễn phí trợ giúp bằng ngôn ngữ của mình. Chỉ cần gọi số Dịch vụ dành cho thành viên trên thẻ ID của quý vị. Bị khiếm thị? Quý vị cũng có thể hỏi xin định dạng khác của tài liệu này."

Korean

귀하는 자국어로 무료 지원을 받을 권리가 있습니다. ID 카드에 있는 멤버 서비스번호로 연락하십시오.

Tagalog

May karapatan ka na makakuha ng tulong sa iyong wika nang libre. Tawagan lamang ang numero ng Member Services sa iyong ID card. May kapansanan ka ba sa paningin? Maaari ka ring humiling ng iba pang format ng dokumentong ito.

Russian

Вы имеете право на получение бесплатной помощи на вашем языке. Просто позвоните по номеру обслуживания клиентов, указанному на вашей идентификационной карте. Пациенты с нарушением зрения могут заказать документ в другом формате.

Armenian

Դուք իրավունք ունեք ստանալ անվճար օգնություն ձեր լեզվով: Պարզապես զանգահարեք Անդամների սպասարկման կենտրոն, որի հեռախոսահամարը նշված է ձեր ID քարտի վրա:

Farsi

"شما این حق را دارید تا به صورت رایگان به زبان مادری تان کمک دریافت کنید. کافی است با شماره خدمات اعضا (Member Services) درج شده روی کارت شناسایی خود تماس بگیرید." دچار اختلال بینایی هستید؟ می توانید این سند را به فرمت های دیگری نیز درخواست دهید.

French

Vous pouvez obtenir gratuitement de l'aide dans votre langue. Il vous suffit d'appeler le numéro réservé aux membres qui figure sur votre carte d'identification. Si vous êtes malvoyant, vous pouvez également demander à obtenir ce document sous d'autres formats.

Arabic

لك الحق في الحصول على مساعدة بلغتك مجاناً. ما عليك سوى الاتصال برقم خدمة الأعضاء الموجود على بطاقة الهوية. هل أنت ضعيف البصر؟ يمكنك طلب أشكال أخرى من هذا المستند.

Japanese

お客様の言語で無償サポートを受けることができます。IDカードに記載されているメンバーサービス番号までご連絡ください。

Haitian

Se dwa ou pou w jwenn èd nan lang ou gratis. Annik rele nimewo Sèvis Manm ki sou kat ID ou a. Èske ou gen pwoblèm pou wè? Ou ka mande dokiman sa a nan lòt fòm tou.

Italian

Ricevere assistenza nella tua lingua è un tuo diritto. Chiama il numero dei Servizi per i membri riportato sul tuo tesserino. Sei ipovedente? È possibile richiedere questo documento anche in formati diversi

Polish

Masz prawo do uzyskania darmowej pomocy udzielonej w Twoim języku. Wystarczy zadzwonić na numer działu pomocy znajdujący się na Twojej karcie identyfikacyjnej.

Punjabi

ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮੁਫਤ ਸੇਵਾਵਾਂ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੈ। ਬਸ ਆਪਣੇ ਆਈਡੀ ਕਾਰਡ ਤੇ ਦਿੱਤੇ ਸਿਰਵਸ ਨੰਬਰ ਤੇ ਕਾਲ ਕਰੋ। ਨਜ਼ਰ ਕਮਜ਼ੋਰ ਹੈ? ਤੁਸ ਇਸ ਦਸਤਾਵੇਜ਼ ਦੇ ਹੋਰ ਰੂਪਾਂਤਰ ਮੰਗ ਸਕਦੇ ਹੋ।

TTY/TTD:711

It's important we treat you fairly

We follow federal civil rights laws in our health programs and activities. By calling Member Services, our members can get free in-language support, and free aids and services if you have a disability. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed in any of these areas, you can mail a complaint to: Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279, or directly to the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201. You can also call 1-800- 368-1019 (TDD: 1-800-537-7697) or visit <https://ocrportal.hhs.gov/ocr/portal/lobby.jsf>



The legal stuff we're required to tell you

How we keep your information safe and secure

As a member, you have the right to expect us to protect your personal health information. We take this responsibility very seriously, following all state and federal laws, as well as our own policies.

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 [anthem.com/privacy](https://www.anthem.com/privacy). For a printed copy, please contact your Benefits Administrator or Human Resources representative.

How we help manage your care

To see if your health benefits will cover a treatment, procedure, hospital stay or medicine, we use a process called utilization management (UM). Our UM team is made up of doctors and pharmacists who want to be sure you get the best treatments for certain health conditions. They review the information your doctor sends us before, during or after your treatment. We also use case managers. They're licensed health care professionals who work with you and your doctor to help you manage your health conditions. They also help you better understand your health benefits.

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

Special enrollment rights

Open enrollment usually happens once a year. That's the time you can choose a plan, enroll in it or make changes to it. If you choose not to enroll, there are special cases when you're allowed to enroll during other times of the year.

- **If you had another health plan that was canceled.** If you, your dependents or your spouse are no longer eligible for benefits with another health plan (or if the employer stops contributing to that health plan), you may be able to enroll with us. You must enroll within 31 days after the other health plan ends (or after the employer stops paying for the plan). For example: You and your family are enrolled through your spouse's health plan at work. Your spouse's employer stops paying for health coverage. In this case, you and your spouse, as well as other dependents, may be able to enroll in one of our plans.

Get the full details

Read your **Certificate of Coverage**, which spells out all the details about your plan. You can find one [anthem.com](https://www.anthem.com).

- **If you have a new dependent.** You gain new dependents from a life event like marriage, birth, adoption or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after the event. For example: If you got married, your new spouse and any new children may be able to enroll in a plan.
- **If your eligibility for Medicaid or SCHIP changes.** You have a special period of 60 days to enroll after:
 - You (or your eligible dependents) lose Medicaid or the State Children's Health Insurance Program (SCHIP) benefits because you're no longer eligible.
 - You (or eligible dependents) become eligible to get help from Medicaid or SCHIP for paying part of the cost of a health plan with us.

Prior Authorization Pass Program

All in-network doctors in Connecticut who meet certain criteria are able to participate in Anthem's Prior Auth Pass Program. Under this program, eligible doctors will no longer need to submit a request and wait for pre-approval for Anthem members* on more than 400 common outpatient medical procedures done in Connecticut.

*Exceptions: BlueCard Host members, Federal Employee Program members, New York State and New York City employees.



Ready to use your plan?

Get some extra help

If you have questions, it's easy to get answers. Contact us through our online Message Center or call the Member Services number on your ID card.

