

# ■ Ready to choose *your benefits?*

**We can point you in the right direction.**

CEBCO Ashland County  
Effective January 1, 2017



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

In this guide, you'll find:

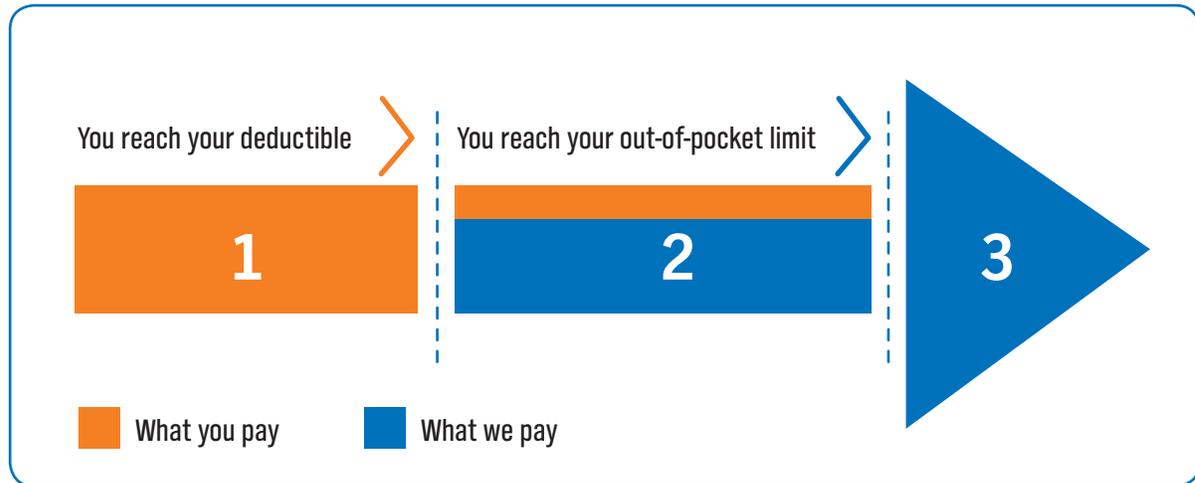
- How most health plans work
- Plan comparison information
- Frequently Asked Questions (FAQ)
- Plan details
- Your privacy and rights





# Getting started with health insurance

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



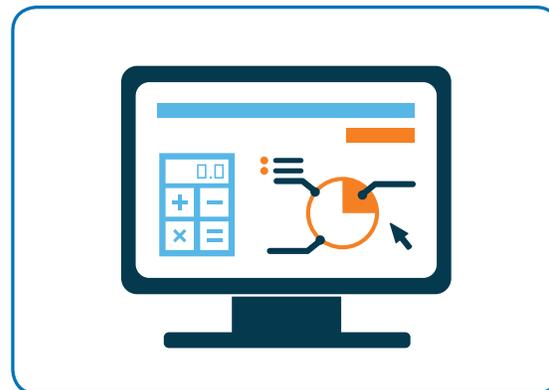
- 1. You pay your deductible.** This is a set amount that you pay before we share the cost for covered health care. If your plan has **copays** (flat fees like \$30 for each visit) along with a deductible, you only need to pay the copay for most doctor visits.
- 2. After you meet your deductible, you'll only pay part of the cost.** You pay a copay or a percentage of the cost, also called coinsurance, each time you get care. Your plan covers the rest.
- 3. You're protected by your plan's out-of-pocket limit.** That's the most you pay for covered health services each year. With some plans, you still have copays even after you reach your out-of-pocket limit.
  - What about the money for your health plan that gets deducted from your paycheck? That's the payment for your plan. Think of it like a membership fee. It's separate from what you pay when you get care.
  - Remember, this chart is only an example. Your actual costs will depend on the type of plan you choose, the service you get and the doctor. To see your actual costs, please refer to your plan information.



# Your costs if you need care

You'll get the most out of your benefits when you understand how your plan pays for your care.<sup>1</sup>

	1D PPO	
	Doctors in the plan	Doctors out of the plan
Deductible Single	\$500	\$1,000
Deductible Family	\$1,000	\$2,000
Office visits Doctor/specialist	\$20/\$40	40%
Out-of-pocket limit Single	\$2,500	\$5,000
Out-of-pocket limit Family	\$5,000	\$10,000
Helpful information	<ul style="list-style-type: none"> <li>• Access to 96% of hospitals and 92% of doctors nationwide.</li> <li>• Chart lists coverage for lowest tier only</li> </ul>	



Estimate your share of costs before you get care – look up common procedures on [anthem.com](http://anthem.com) when you become a member.

1 This information is a general description of your benefits; it is not a contract and does not replace your Summary of Benefits. For a full disclosure of all benefits, exclusions and limitations, refer to your Summary of Benefits.

2 Blue Cross and Blue Shield Association: [bcbs.com/about-the-association](http://bcbs.com/about-the-association).



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

## Frequently asked questions (FAQ)

### Can I keep my current doctor?

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

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

### How do I enroll?

Your employer has chosen an alternative enrollment process rather than using our standard enrollment form. Your Benefits Administrator or Human Resources Representative will be able to provide you with plan enrollment instructions.

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

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

### Is preventive care covered?

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

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

Yes. As soon as you become a member, you'll be able to register at [anthem.com](https://www.anthem.com) or on the Anthem mobile app. It's designed to help you manage your health care and your

benefits simply and conveniently. Many of our members find these self-service tools helpful:

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

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

### Do I have health and wellness benefits with my plan?

Yes. In fact, we have a set of tools and resources that can help you reach your health goals. They can also save you money on products and services for your health. Just go to [anthem.com](https://www.anthem.com) and click the *Health & Wellness* tab. Once you're a member, you can log in and see more.

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

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

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

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

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



## Frequently asked questions (FAQ)

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

### How can Anthem help me save money?

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

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

**Site of Service** — If your plan includes Site of Service, you can get quality care for less money when you choose a freestanding, independent X-ray provider, ambulatory surgery center or lab from our network.

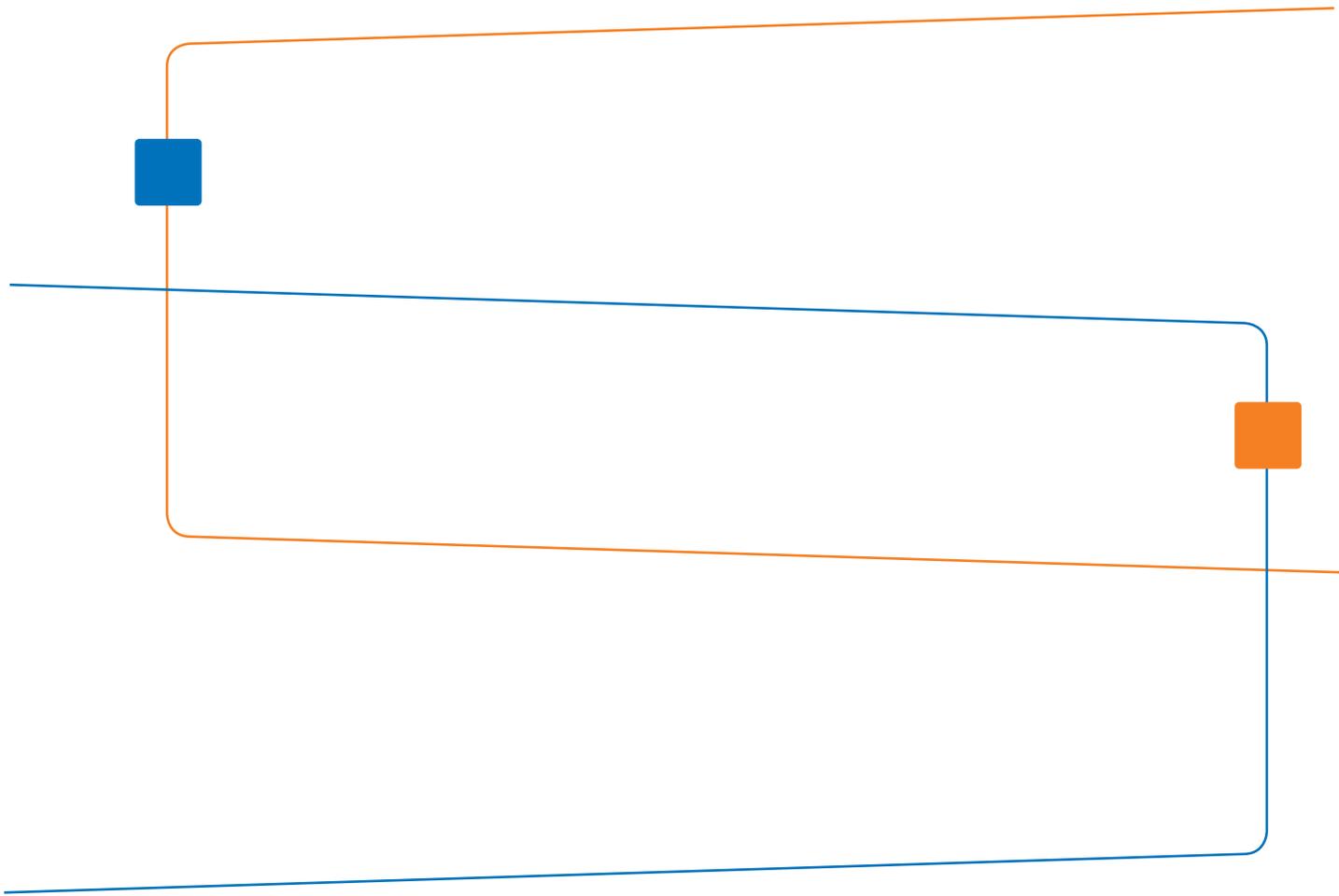
**Anthem Imaging Shopper** - If your doctor prescribes a CT or MRI for you, we may work with you and your doctor to help identify a lower cost facility in your area. And we can even help with scheduling your appointment.

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

**Enhanced Personal Health Care** — We're helping doctors focus on the quality of care they give. They'll know your history, your specialists and your medications, and they'll coordinate your treatment with other doctors and health care providers. And, they'll get you the care you need when you need it, even after hours. That way, they can take more time to listen to you so you don't feel as rushed.

# Your plan details

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



## CEBCO ASHLAND COUNTY PLAN 1D

### Blue Access<sup>SM</sup> (PPO)

### Summary of Benefits

Effective 01/01/2017

Covered Benefits	Network	Non-Network
<b>Deductible (Single/Family)</b>	\$500 / \$1,000	\$1,000 / \$2,000
<b>Out-of-Pocket Limit (Single/Family)</b>	\$2,500/\$5,000	\$5,000/\$10,000
<b>Physician Home and Office Services (PCP/SCP)</b> Primary Care Physician (PCP)/Specialty Care Physician (SCP) Including Office Surgeries and allergy serum:	\$20/\$40	40%
<ul style="list-style-type: none"> <li>allergy injections (PCP and SCP)</li> </ul>	\$5	40%
<ul style="list-style-type: none"> <li>allergy testing</li> </ul>	20%	40%
<ul style="list-style-type: none"> <li>routine and non-routine mammograms (regardless of outpatient setting)</li> </ul>	No copayment/coinsurance	40%
<ul style="list-style-type: none"> <li>diabetic education (regardless of outpatient setting)</li> </ul>	No copayment/coinsurance	40%
<ul style="list-style-type: none"> <li>certain medical nutritional therapy (regardless of outpatient setting)</li> </ul>	No copayment/coinsurance	Not Covered
<ul style="list-style-type: none"> <li>MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging Studies and non-maternity related Ultrasounds</li> </ul>	20%	40%
<b>Preventive Care Services</b> Services include but are not limited to: Routine Exams, Pelvic Exams, Pap testing, PSA tests, Immunizations <sup>1</sup> , Annual diabetic eye exam, Routine Vision and Hearing exams		
<ul style="list-style-type: none"> <li>Physician Home and Office Visits (PCP/SCP)</li> </ul>	No copayment/coinsurance	40%
<ul style="list-style-type: none"> <li>Other Outpatient Services @ Hospital/Alternative Care Facility</li> </ul>	No copayment/coinsurance	40%
<b>Emergency and Urgent Care</b>		
<ul style="list-style-type: none"> <li><b>Emergency Room Services @ Hospital (facility/other covered services)</b> (copayment waived if admitted)</li> </ul>	\$250	\$250
<ul style="list-style-type: none"> <li><b>Urgent Care Center Services</b></li> </ul>	\$50	\$50
<b>Inpatient and Outpatient Professional Services</b> Include but are not limited to:	20%	40%
<ul style="list-style-type: none"> <li>Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams</li> </ul>		
<b>Inpatient Facility Services</b> Unlimited days except for:	20%	40%
<ul style="list-style-type: none"> <li>60 days Network/Non-Network combined for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis)</li> </ul>		
<ul style="list-style-type: none"> <li>90 days Network/Non-Network combined for skilled nursing facility</li> </ul>		
<b>Outpatient Surgery Hospital/Alternative Care Facility</b>	20%	40%
<ul style="list-style-type: none"> <li>Surgery and administration of general anesthesia</li> </ul>		
<b>Other Outpatient Services (including but not limited to):</b>		
<ul style="list-style-type: none"> <li>Non Surgical Outpatient Services for example: MRIs, C-Scans, Chemotherapy, Ultrasounds, and other diagnostic outpatient services.</li> </ul>	20%	40%
<ul style="list-style-type: none"> <li>Home Care Services (Network/Non-network combined) 90 visits (excludes IV Therapy)</li> </ul>	20%	40%
<ul style="list-style-type: none"> <li>Durable Medical Equipment, Orthotics and Prosthetic Devices</li> </ul>	20%	40%
<ul style="list-style-type: none"> <li>Physical Medicine Therapy Day Rehabilitation programs</li> </ul>	20%	40%
<ul style="list-style-type: none"> <li>Hospice Care</li> </ul>	20%	20%
<ul style="list-style-type: none"> <li>Ambulance Services</li> </ul>	20%	20%

Covered Benefits	Network	Non-Network
<b>Outpatient Therapy Services (Combined Network &amp; Non-Network limits apply)</b> <ul style="list-style-type: none"> <li>Physician Home and Office Visits (PCP/SCP)</li> <li>Other Outpatient Services @ Hospital/Alternative Care Facility</li> </ul> Limits apply to: <ul style="list-style-type: none"> <li>Physical therapy: 30 visits</li> <li>Occupational therapy: 30 visits</li> <li>Manipulation therapy: 12 visits</li> <li>Speech therapy: 20 visits</li> </ul>	\$20/\$40 20%	40% 40%
<b>Behavioral Health Services: Mental Health and Substance Abuse<sup>2</sup></b> <ul style="list-style-type: none"> <li>Inpatient Facility Services</li> <li>Physician Home and Office Visits (PCP/SCP)</li> <li>Other Outpatient Services @ Hospital/Alternative Care Facility</li> </ul>	20% \$20 20%	40% 40% 40%
<b>Human Organ and Tissue Transplants<sup>3</sup></b> <ul style="list-style-type: none"> <li>Acquisition and transplant procedures, harvest and storage.</li> </ul>	No copayment/coinsurance	50%
<b>Prescription Drugs</b>	Covered under separate plan	Covered under separate plan

**Notes:**

- All medical deductibles, copayments and coinsurance apply toward the out-of-pocket (excluding Prescription Drug cost share options and Non-network Human Organ and Tissue Transplant (HOTT) Services).
- Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services @ Hospital where a percentage (%) coinsurance applies to other covered services.
- Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent Age: to end of the month which the child attains age 26.
- Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYN's and Geriatrics or any other Network Provider as allowed by the plan.
- Physicians Home and office visit copayment also applies if the office visit is billed with allergy injections.
- No copayment/coinsurance means no deductible/copayment/coinsurance up to the maximum allowable amount. 0% means no coinsurance up to the maximum allowable amount. However, when choosing a Non-network provider, the member is responsible for any balance due after the plan payment.
- PCP is a Network Provider who is a practitioner that specializes in family practice, general practice, internal medicine, pediatrics, obstetrics/gynecology, geriatrics or any other Network provider as allowed by the plan.
- SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.
- Benefit period = calendar year
- Private Duty Nursing-limited to 82 visits/calendar year and 164 visits/lifetime

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

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

<sup>3</sup>Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.

**Precertification:**

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

**Pre-existing Exclusion Period: None**

This summary of benefits is intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract, Certificate and Schedule of Benefits. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

# Simple. Convenient. Smart.

anthem.com at your service when you need it!



## See your benefits

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



## Find a doctor

Look for doctors in your plan and save on care.



## Check your claims

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



## Get your medication

Refill your prescriptions online.



## Get discounts

Save on health-related products and services.



## Estimate your costs

Compare costs and quality for common procedures.



## Manage your health care accounts

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



You can do more in less time — just log in at [anthem.com](http://anthem.com).

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



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



Getting regular checkups and exams can help you stay well and catch problems early. It may even save your life.

Our health plans offer the services listed in this preventive care flier at no cost to you.<sup>1</sup> When you get these services from doctors in your plan's network, you don't have to pay anything out of your own pocket. You may have to pay part of the costs if you use a doctor outside the network.

## Preventive versus diagnostic care

What's the difference? Preventive care helps protect you from getting sick. Diagnostic care is used to find the cause of existing illnesses. For example, say your doctor suggests you have a colonoscopy because of your age when you have no symptoms. That's preventive care. On the other hand, say you have symptoms and your doctor suggests a colonoscopy to see what's causing them. That's diagnostic care.

## Child preventive care

### Preventive physical exams

#### Screening tests:

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

#### Immunizations:

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

## Women's preventive care

- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met<sup>3</sup>
- Breast-feeding: primary care intervention to promote breast-feeding support, supplies and counseling (female)<sup>4,5,6</sup>
- Contraceptive (birth control) counseling
- FDA-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening<sup>5</sup>
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: includes, but is not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV<sup>5</sup>
- Pelvic exam and Pap test, including screening for cervical cancer

The preventive care services listed are recommendations as a result of the Affordable Care Act (ACA, or health care reform law). The services listed may not be right for every person. Ask your doctor what's right for you, based on your age and health condition(s).

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

## Adult preventive care

### Preventive physical exams

#### Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and CT colonography (as appropriate)
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening
- Eye chart test for vision<sup>2</sup>
- Hearing screening
- Height, weight and BMI
- HIV screening and counseling
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years<sup>7</sup>
- Screening and counseling for obesity
- Prostate cancer, including digital rectal exam and PSA test
- Sexually transmitted infections: related screening and counseling
- Screening and behavioral counseling for tobacco use
- Violence, interpersonal and domestic: related screening and counseling

#### Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and Hepatitis B
- HPV
- Influenza (flu)
- Meningococcal (meningitis)
- Measles, mumps and rubella (MMR)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles) for those 60 years and older

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

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

<sup>3</sup> Check your medical policy for details.

<sup>4</sup> Breast pumps and supplies must be purchased from an in-network medical provider for 100% coverage; we recommend using an in-network durable medical equipment (DME) supplier.

<sup>5</sup> This benefit also applies to those younger than 19.

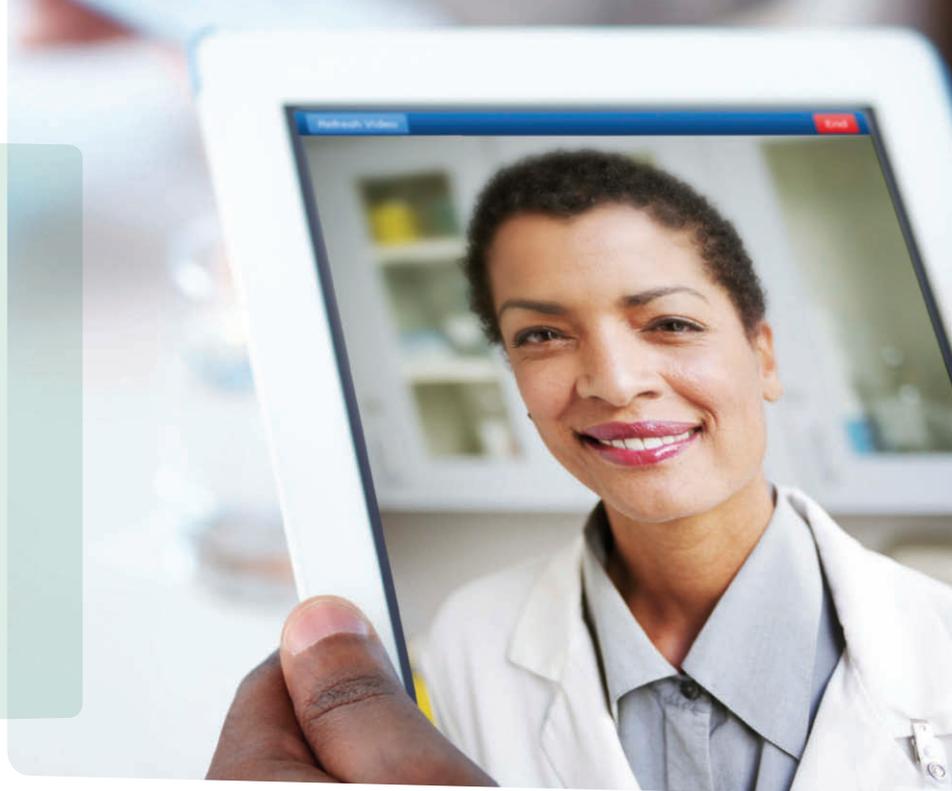
<sup>6</sup> Counseling services for breast-feeding (lactation) can be provided or supported by an in-network (participating) provider such as a pediatrician, ob-gyn, family medicine doctor, and hospitals with no member cost-share expense (deductible, copay, coinsurance). Contact the provider to determine if lactation counseling services are available.

<sup>7</sup> You may be required to get prior authorization for these services.

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# LiveHealth Online

Quick and easy access  
to a doctor 24/7



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

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

## Sign up for free today and get:

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

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

## LiveHealth Online Psychology

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

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

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

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



## LiveHealth Online: what you need to know

### What kind of doctors can you see on LiveHealth Online?

Doctors on LiveHealth Online are:

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

### When can you use LiveHealth Online?

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

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

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

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

## LiveHealth Online Psychology

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

You can get help for these types of conditions:

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



### How much does a therapist visit cost?

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

### How do I decide which therapist to see?

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

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

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

## Get started today

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



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

1 LiveHealth Online user feedback survey, May 2015.  
2 Prescription availability is defined by physician judgment and state regulations. LiveHealth Online is available in most states and is expected to grow more in the near future. Please visit the map at [livehealthonline.com](https://livehealthonline.com) for more details.  
3 Appointments subject to availability of a therapist.

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# Save money on health care procedures.

We all have budgets. Groceries. Mortgage. Utilities. They add up. But you usually know how much to set aside for those bills. Health care? That's hard to budget for. You know it could be costly. You just aren't sure how costly. Health issues can be unexpected and stressful, so you don't think about costs until the bills come. Now you can gauge your health care costs ahead of time. Not only that, but you can compare costs, too, to see where you can find quality care for less near you.

## Just log in to estimate your costs.

Seriously. Just log in to [anthem.com](http://anthem.com) and click **Estimate Your Cost**. Compare hospital and other medical facility costs in your area for hundreds of procedures, such as:

- Endoscopy
- Colonoscopy
- Cataract removal
- Arthroscopy
- Carpal tunnel repair
- CT scan
- Ultrasound
- MRI scan
- Back surgery
- Labor and delivery
- Hysterectomy

Different locations may charge different fees for the same service. But higher costs don't mean better care.

## Look how much costs can vary for the same service:

Procedure	Average cost	Low cost	High cost
Upper gastrointestinal endoscopy	\$2,143	\$906	\$3,930
Screening colonoscopy	\$2,341	\$811	\$5,552
Eye surgery — cataract removal	\$4,008	\$1,751	\$7,297
Hand surgery — carpal tunnel	\$3,543	\$1,095	\$6,476
Knee — cartilage repair (using arthroscopy)	\$6,652	\$5,382	\$11,560

*These are examples only, based on rates for services in a nine-county area in central Indiana that includes Indianapolis. Your experience may be different depending on your specific plan, the services you receive and the health care professional who provides the service.*

## Compare costs and other information.

Get cost estimates based on your health plan, so you can plan better — and save. You can also see hospitals' and other facilities' accreditations, awards, recognitions and number of times they've performed certain procedures on our Estimate Your Cost tool.

To get started:

1. Register and log in to [anthem.com](http://anthem.com).
2. Choose **Estimate Your Cost**.
3. Make sure your name and location are right.
4. Search by procedure or treatment.



AIM Specialty Health is a separate company providing utilization review services on behalf of Anthem Blue Cross and Blue Shield.

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## We'll call you when you may be able to save on certain health procedures.

Really. We want to help you save on out-of-pocket costs and help you make smart choices when you need services like those listed below.

- **Imaging tests** like CT scans and MRIs help your doctors see what's going on inside your body.
- **Endoscopies** are procedures your doctors use to look inside your esophagus, stomach and part of your small intestine. Sometimes they'll remove a sample of tissue that is tested (a biopsy).
- **Colonoscopies** are procedures your doctors use to see inside your large intestine. Sometimes they'll remove a sample of tissue that is tested (a biopsy).
- **Arthroscopic surgeries** are procedures your doctors use to look at and treat problems inside your joints, like knees and shoulders.



### Costs can vary widely.

Imaging services can cost as much as \$3,000. Endoscopies can cost around \$4,000. Colonoscopies can cost more than \$5,000. Arthroscopic surgeries can cost more than \$15,000. But a higher cost doesn't mean higher quality.

### You could save a lot.

How much you can save depends on your health coverage. If you pay coinsurance (your share of the cost), and you go to a provider that costs \$1,000 more than another, you could pay hundreds more out of pocket.

### How the program works:

1. Your doctor lets us know you will have one of these procedures.
2. We'll check to see if the provider who will perform the procedure offers a low cost for the service. We may also check other facility information such as accreditations.
3. If not, we'll call you to give you other choices nearby.
4. You choose the provider that best meets your needs, whether it's the one your doctor suggested or one we tell you about. It's completely up to you!

## Enhanced Personal Health Care

Helping your doctor help you



Enhanced Personal Health Care is our approach to patient-centered care. It helps doctors do what they do best — take care of their patients. And it helps you get the right level of care, from the right kind of health care provider, at the right time. All of that helps you live a better, healthier life.

It's about your health, your way. And you can count on your primary care doctor (PCP) to be there for you at every step.

### How does Enhanced Personal Health Care work?

We help the doctors who are part of Enhanced Personal Health Care treat you as a whole person — not as a sore throat or a backache.

We do this by giving your doctor tools and information to help you make the best decisions for your health care together. And we encourage your doctor to be available by phone or email, so you don't need an office visit when you just want to ask a quick question. If you do need to see a doctor, you may be able to see one when it's best for you — early mornings, evenings or weekends.

This is the kind of approach to care that a lot of the PCPs in our networks give.

### Want to find an Enhanced Personal Health Care primary care doctor?

Go to [anthem.com](http://anthem.com) and select **Find a Doctor**. Pick a state and a plan/network, and choose **Select and Continue**. Enter your location and search distance. Be sure to select the boxes for **Able to serve as primary care physician (PCP)** and **Enhanced Personal Health Care** under *Show more options*. Choose **Search**.

### Why do you need a PCP?

Simple. A PCP helps you get and stay healthy. This doctor is your health champion.

Whether you go to your doctor rarely or often, you should find a PCP you like and trust. Your PCP will be there for you whenever you need care, focusing on your “whole” health — not just your symptoms. This doctor knows you well, understands how you want to get care and will work with other health care providers when you need more care. Your PCP will also focus on preventive care and wellness to keep you healthy.

### Who is a PCP?

There are different kinds of PCPs:

- *Family practitioners* work with people of all ages and give a wide range of care.
- *Pediatricians* treat children.
- *Internists* give general and preventive care, mostly for adults. They also may have special knowledge about specific health problems.
- *An obstetrician or gynecologist* treats women, especially those who want or are having kids.
- *Nurse practitioners* and *physician assistants* aren't doctors, but they've had lots of training. They can do many of the same things that doctors do.



## How should you choose a PCP?

There are lots of things to think about. What works for one person might not work for you. It's a personal decision based on what matters most to you. Think about things like:

- Do you want a doctor who's close to home or work?
- Are weekend and evening hours important to you?
- Will your doctor contact you when you are due for checkups or tests?
- Does your doctor call you back quickly?
- Do you want a doctor whose style is friendly and warm or more formal?
- What do other medical professionals and patients say about the doctor and the office staff?
- Will your doctor support your active involvement in your health care?
- Will your doctor be your partner in your health care needs?

It all depends on what qualities you want in a doctor and the kind of relationship you desire.

If you want a doctor who wants you to be actively involved in your health care and who will become your guide and supporter, you may want to choose an Enhanced Personal Health Care PCP.

## An Enhanced Personal Health Care PCP:

- **Gives you care that doesn't just treat an illness; it also helps prevent it.** Your PCP wants you to get healthy and stay that way. And that includes making sure there are no gaps in your care. Things like, did you get the treatment you were supposed to have? Do you need your yearly exam? Are you overdue to have your eye exam?
- **Gives you personalized care that helps you get the care you need.** Your PCP helps set up any appointments with specialists and follows up with those doctors to make sure you get the care that's right for you.
- **Is a real partner in your health.** Your PCP wants to get to know you and answer your questions. We provide support and resources to help with that.
- **Offers lots of ways you can get care.** There's more to your care than an office visit. You may be able to use online access for Web visits or see your doctor during extended office hours.

## Enhanced Personal Health Care won't work without you

Even though Enhanced Personal Health Care PCPs are partners in your health, you won't be able to reach your health goals without doing your part. There's no paperwork and you don't have to sign up to get Enhanced Personal Health Care. All you have to do is be involved in your care. Here's how you can help:

- Learn about any health condition you have and what you can do to get and stay as healthy as possible.
- Follow the care plan that you and your doctor create.
- Bring any questions you have to each visit. Also, bring a list of any medicines, vitamins or treatments you use.
- Ask your doctor to explain anything you don't understand.
- Tell your doctor when you get care from other health professionals. That way, your doctor can work with them for the best care possible.
- Let your doctor know what you liked and didn't like about your care. That will help your doctor work on making it even better.

## What does all of this mean for you?

It means we're cooperating with doctors to make it easier to get the care you need where and when you need it. With Enhanced Personal Health Care, we pay doctors for quality of care, not just for the number of patients they see. That means they can take more time to listen to you. And that helps you not feel as rushed – whether it's in the office, after hours, on the weekends or maybe even on the Web. And we're not just saying that; Enhanced Personal Health Care doctors have committed to it.

\* Not all members can choose a PCP at this time. We're working to expand this capability and hope to have it available for all members by 2016.

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# You're on the go — and so are we

With the Anthem Anywhere app, you can manage your benefits anytime and anywhere you go. Just search for Anthem Anywhere and download the app.



#### Find a doctor

Search for a doctor, specialist, urgent care or hospital close by.



#### Get your ID card

Share, fax, or email your ID card right from your smartphone.



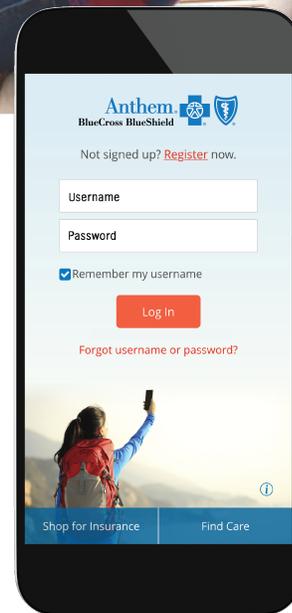
#### Estimate your costs

See what nearby doctors and facilities charge for a procedure. You can compare providers on cost and quality.



#### Access your mobile Health Record

View your Health Record and share with your doctors whenever you go.



Download the Anthem Anywhere app today.  
Together we can make healthy happen.



Only available on Apple and Android devices

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# Let's talk about your privacy and rights

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

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

## How we help manage your care

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

We also use case managers. They're licensed health care professionals who work with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

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

## Special Enrollment Rights

There are certain situations when you can enroll in a plan outside the open enrollment period. Open enrollment usually happens only once a year. That's the time you can enroll in a plan or make changes to it. If you choose not to enroll during open enrollment, there are special cases when you're allowed to enroll yourself and your dependents. Special enrollment is allowed:

- **If you had another health plan that was canceled.** If you, your dependents or your spouse are no longer eligible for

other coverage (or if the employer stops contributing to your health plan), you may be able to enroll with us. You must enroll within 31 days after the other coverage ends (or after the employer stops paying for it).

- For example: You and your family are enrolled through your spouse's coverage at work. Your spouse's employer stops paying for health coverage. In this case, you and your spouse, as well as other dependents, may be able to enroll in a plan.
- **If you have a new dependent.** This could mean a life event like marriage, birth, adoption or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after the event. For example: If you got married, your new spouse and any new children may be able to enroll in a plan.
- **If your eligibility for Medicaid or SCHIP changes.** You have a special period of 60 days to enroll after:
  - You (or your eligible dependents) lose Medicaid or CHIP coverage because you're no longer eligible.
  - You (or eligible dependents) become eligible to get help from Medicaid or SCHIP for paying part of the cost.







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



An employer may elect to insure or self-fund its group health plan. For self-funded accounts, Anthem Blue Cross and Blue Shield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. In Ohio, if your employer selects Blue Preferred Primary and elects to insure its group health plan, Blue Preferred Primary is a health insuring corporation product ("HIC"); if your employer selects Blue Preferred Primary and elects to self-fund its group health plan, Anthem provides access to the Blue Preferred Primary network, provides administrative claims payment services only and assumes no financial risk for claims. Please consult your employer for plan funding details.

The benefit descriptions in this plan overview are intended to be a brief outline of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract and are subject to your employer's plan funding arrangement. In the event of a conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

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Express Scripts, Inc. is a separate company that provides pharmacy services and pharmacy benefit management services on behalf of health plan members.

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