

■ Ready to choose *your benefits?*

We can point you in the right direction.

Medical Plans for The University of Akron
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





Choose a health plan that works for you

Visit [anthem.com/basics](https://www.anthem.com/basics) to learn more.

PPO Plan

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

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

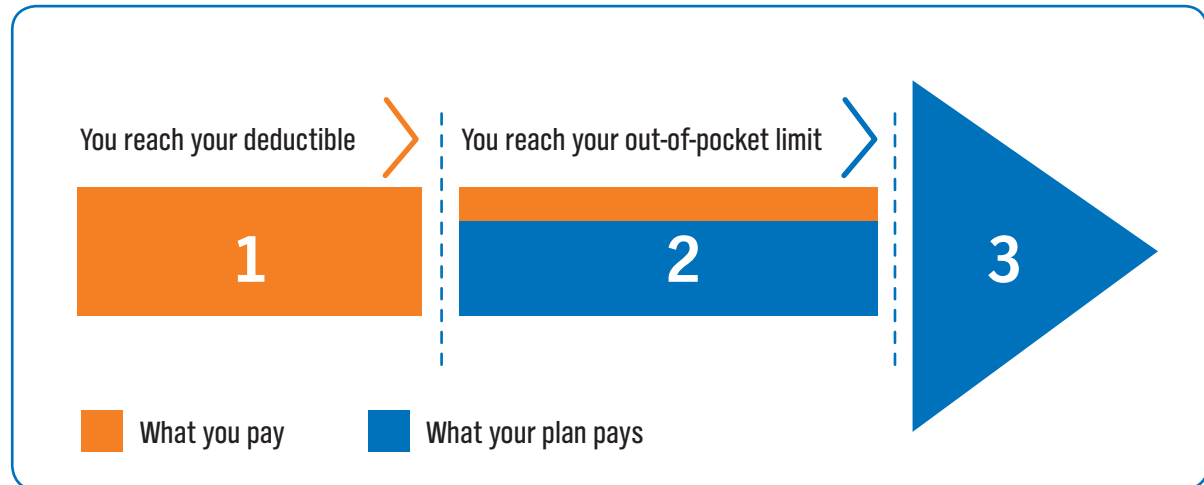


The doctors, hospitals and other health care providers in your plan have agreed to charge lower rates for our members.



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 you choose. 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.¹

	Blue PPO Plan PPO		Gold PPO Plan PPO	
	Doctors in the plan	Doctors out of the plan	Doctors in the plan	Doctors out of the plan
Deductible Single	\$600	\$1,200	\$400	\$800
Deductible Family	\$1,200	\$2,400	\$800	\$1,600
Office visits Doctor/specialist	\$30/\$45	55% after deductible	\$25/\$35	65% after deductible
Out-of-pocket limit Single	\$4,500	\$9,000	\$2,500	\$5,000
Out-of-pocket limit Family	\$9,000	\$18,000	\$5,000	\$10,000
Helpful information	<ul style="list-style-type: none"> • Access to 96% of hospitals and 92% of doctors nationwide. • Access to a network of doctors in your area • Site of Service helps you save money on lab services and surgery 		<ul style="list-style-type: none"> • Access to 96% of hospitals and 92% of doctors nationwide. • Access to a network of doctors in your area • Site of Service helps you save money on lab services and surgery 	

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.



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

Frequently asked questions (FAQ)

Can I keep my current doctor?

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

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

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

After you enroll, your member ID card will come in the mail. Be sure to bring it with you to the doctor. 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.

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

Can I use my plan when I am traveling?

When you travel, you have access to care anywhere in the country. Plus, if you are going out of the country, you have access to care abroad through the BlueCard Worldwide® program.

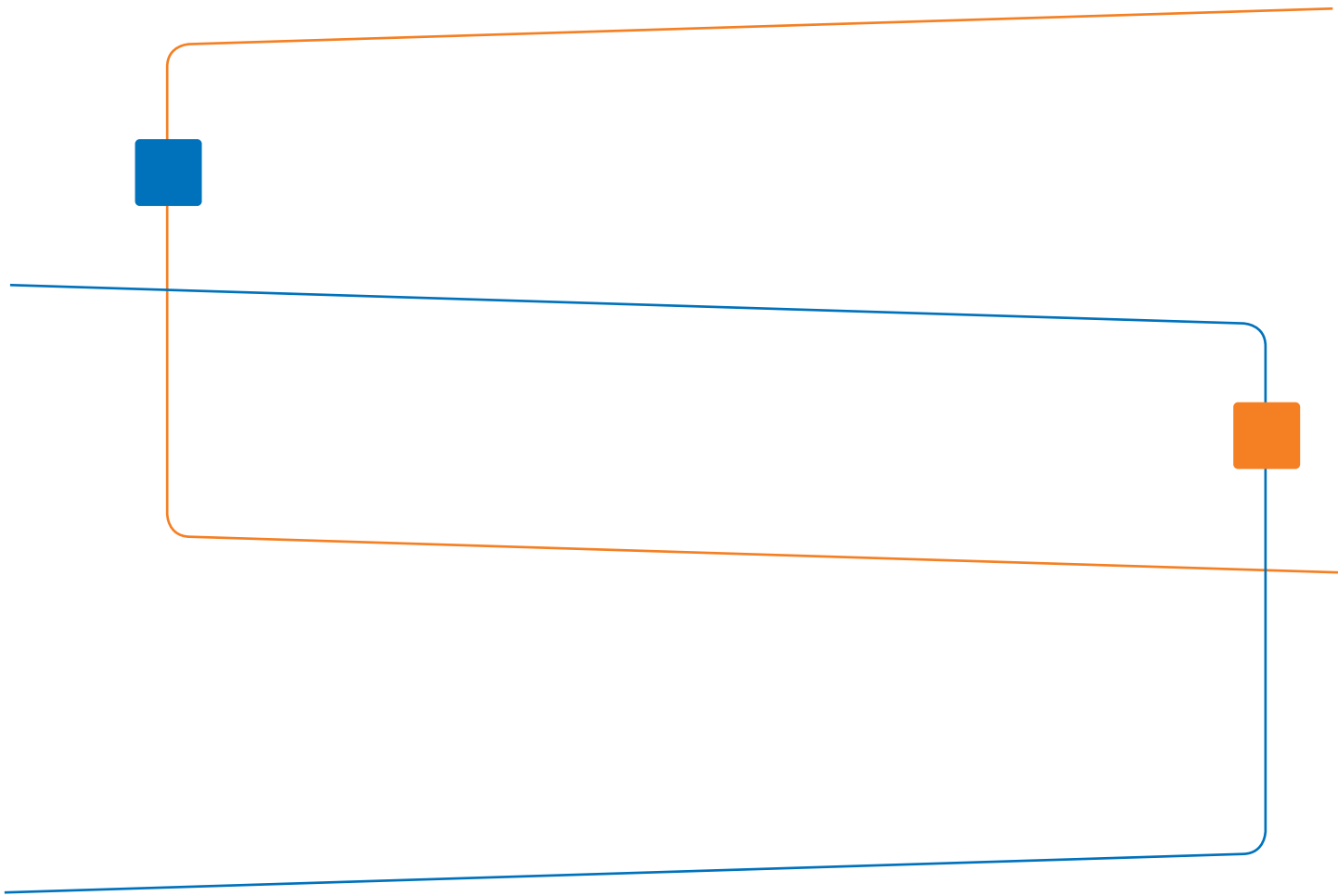
How can Anthem help me save money?

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

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

Your plan details

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



Anthem

- Big-company advantages with a local-company approach – **Anthem Blue Cross and Blue Shield**'s extensive provider networks offer members access to conveniently located primary care physicians, specialists, and hospitals throughout Ohio. You are also covered no matter where you go. Either traveling in the U.S. or out of the country, your coverage travels with you through the BlueCard program.
- **Find a Doctor** – We believe that finding a doctor online is one of the top reasons many of you visit our website. Use our Find a Doctor online tool to get information about doctors in your area. Log in at anthem.com, choose **Find a Doctor**, Search as a Member with alpha prefix: **JAU**.
- **How to Register** to www.anthem.com – Upon receipt of your new Anthem ID card, be sure to register with anthem.com to access your eligibility, claims and benefits, print additional id cards if needed, healthcare reform updates and more. Or take a guided tour of our website today <https://www.anthem.com/guidedtour/>
- **Anthem Anywhere App** – You can manage your benefits anytime and anywhere you go. Search for Anthem Anywhere and download the app. Get your ID card, Estimate your costs, Access your mobile Health Record, Find a doctor, View your claims and more.
- **Estimate Your Cost tool** – Different doctors and hospitals may charge different amounts for the same service. Shop around using this tool to see costs based on your own benefits. You can also compare the quality of different procedures.
- **SpecialOffers on anthem.com** – Saving money is good. With SpecialOffers, you can get discounts on products and services that help promote better health and well-being.
- **ComplexCare** - Get help coordinating your care. Nurses will work with you and your doctors to create a customized plan that helps you improve your health and your quality of life.
- **LiveHealth Online** – Visit a doctor online anytime. From work, at home or on the go! Private, secure and convenient online visits. Available 24 hours a day, 7 days a week, 365 days a year. Anywhere you have a computer or mobile device with Internet access. Provides access to in-network, board-certified doctors. Allows doctors to ePrescribe utilizing local pharmacies (where applicable)
To learn more about it and register, please visit www.livehealthonline.com

Looking for a doctor?

Finding one online is fast and easy

Use our online Find a Doctor tool to look for doctors, hospitals, labs and other health care providers in your Anthem network. Check if your favorite doctor is in the network, or look for one near you. Avoid getting out-of-network care if you can — it will cost you more or your plan may not cover it all.



Here's all you need to do:

If you're a member

Go to anthem.com and log in.

Or use your ID number or the first three letters to search without logging in.

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

If you're not a member yet

Go to anthem.com.

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

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

First answer a few questions, so we can help find you the right plan and in-network doctor. Then enter or select the plan/network*.

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

Select a provider to see more information, such as:

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

Going mobile

Use your mobile device to search for doctors, hospitals and more with our free app from the App StoreSM or Google PlayTM. Just search for Anthem Blue Cross and Blue Shield and download the app. You can even get turn-by-turn directions to find a doctor's office.

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



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

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

Preventive versus diagnostic care

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

Child preventive care

Preventive physical exams

Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and body mass index (BMI)
- Hemoglobin or hematocrit (blood count)
- HPV screening (female)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- 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 screening² 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 met³
- Breast-feeding: primary care intervention to promote breast-feeding support, supplies and counseling (female)^{4,5,6}
- 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 screening⁵
- 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 HIV⁵
- Pelvic exam and Pap test, including screening for cervical cancer

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

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

Adult preventive care

Preventive physical exams

Screening tests:

- Alcohol misuse: related screening and behavioral counseling
- Aortic aneurysm screening (men who have smoked)
- Behavioral counseling to promote a healthy diet
- Blood pressure
- Bone density test to screen for osteoporosis
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and related prep kit, and CT colonography (as appropriate)
- Depression screening
- Hepatitis C virus (HCV) for people at high risk for infection and a one-time screening for adults born between 1945 and 1965
- Type 2 diabetes screening
- Eye chart test for vision²
- Hearing screening
- Height, weight and BMI
- HIV screening and counseling
- 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 years⁷
- 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

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

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

³ Check your medical policy for details.

⁴ 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.

⁵ This benefit also applies to those younger than 19.

⁶ 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.

⁷ You may be required to get prior authorization for these services.

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Take your benefits with you

With the BlueCard® PPO and BlueCard Worldwide® programs

What happens if you're away from home and you need care right away? As an Anthem Blue Cross and Blue Shield (Anthem) member, you have access to care across the country through the **BlueCard® PPO Program**. This includes **92% of doctors and 96% of hospitals in the U.S.**¹

If you're outside the U.S., you can use the **BlueCard Worldwide® Program**. It gives you access to doctors and hospitals in nearly 200 countries and territories around the world.²

Traveling?

Here's what you need to know

- Before leaving the country, ask Member Services if your international benefits are different.
- Ask for approval before getting care. This is "precertification" and helps you find care covered by your plan. To see if you need precertification, call Member Services at the number on your ID card.
- Save money by seeing a BlueCard program doctor or hospital. You only pay your usual out-of-pocket amounts (such as deductible, your percentage of costs or copay). If you go to a doctor or hospital outside the program, you'll need to pay the entire bill up front.
- Show your Anthem ID card so they can check your benefits and send us a claim for processing.

How to access care across the U.S.



Call 911 or go to the nearest hospital in an emergency.*



Go to anthem.com, log in and use the **Find a Doctor** tool to search for a BlueCard PPO Program doctor or hospital.



Use the **Anthem app** to search for a BlueCard PPO Program doctor or hospital. Get turn-by-turn directions to the nearest doctor, urgent care center or hospital.



Call Member Services at the number on your ID card. They can help you find a doctor or hospital.

*You or a family member need to call the Member Services number on your ID card within 24 hours (48 hours for members in Indiana) after going to the hospital or as soon as you can.



Remember to carry your ID card

The "PPO-in-a-suitcase" symbol shows you can get care from BlueCard PPO Program doctors and hospitals.

How to access care around the world

The BlueCard Worldwide® Program gives you benefits when you travel outside the U.S.



If you're outside the U.S. and need care, you can:



Go straight to the nearest hospital in an emergency.



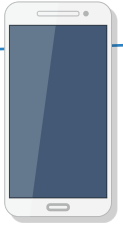
Go to bluecardworldwide.com to search for a doctor or hospital.



Use the BlueCard Worldwide app to find a doctor or hospital.



Call the BlueCard Worldwide Service Center 24/7 at 1-800-810-2583 (BLUE) or call collect at 1-804-673-1177. They can help you set up a doctor visit or hospital stay.



Download the BlueCard Worldwide app today

With the app, you can:

- Search for a doctor or hospital.³
- Get medical terms and phrases for many symptoms translated — and even use an audio feature to play the translation.³
- Find a drug's generic name, local brand name and if it's available.
- Get information about how to find and contact a U.S. embassy.



What if you get care from a doctor or hospital who is not part of the BlueCard Worldwide Program?

1. You will need to pay up front in full for your care.
2. Download an international claim form at bluecardworldwide.com or get a form by calling Member Services at the number on your ID card.
3. Fill out the claim form and send it with the original bills to the BlueCard Worldwide Service Center.

1 Blue Cross Blue Shield Association website, *About Blue Cross Blue Shield Association* (accessed January 2016): bcbs.com/about-the-association/.

2 Blue Cross Blue Shield Association website, *Blue Facts: Healthcare Coverage Designed For Your Community, Accessible Across The Country* (accessed January 2016): bcbs.com/healthcare-news/press-center/blue-facts.html.

3 Using the BlueCard Worldwide app itself does not require an Internet connection. However, using GPS for mapping or downloading an audio translation does require an Internet connection.

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LiveHealth Online

Quick and easy access
to a doctor 24/7



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

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

Sign up for free today and get:

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

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

LiveHealth Online Psychology

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

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

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

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

LiveHealth Online: what you need to know

What kind of doctors can you see on LiveHealth Online?

Doctors on LiveHealth Online are:

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

When can you use LiveHealth Online?

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

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

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

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

LiveHealth Online Psychology

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

You can get help for these types of conditions:

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



How much does a therapist visit cost?

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

How do I decide which therapist to see?

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

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

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

Get started today

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



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

1 LiveHealth Online user feedback survey, May 2015.

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

3 Appointments subject to availability of a therapist.

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ComplexCare

Outreach, education and support for those most at risk

ComplexCare helps employees stay healthy and be more productive while lowering costs for employers. **For every dollar spent, ComplexCare returns \$1.98 in medical savings.** The program has also been shown to lower use of ERs (-5%) and inpatient admissions (-11%).*

Managing health care costs starts with helping those who need it the most. **ComplexCare** reaches out to members with various health care issues who are at risk for frequent and high levels of medical care.

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

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

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

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

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



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

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

Members report very positive experiences with **ComplexCare**, including:

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

Source: WellPoint Study, 2013 Member Satisfaction Study for **ComplexCare**



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Anthem's cancer resources

Support throughout your health care journey with cancer

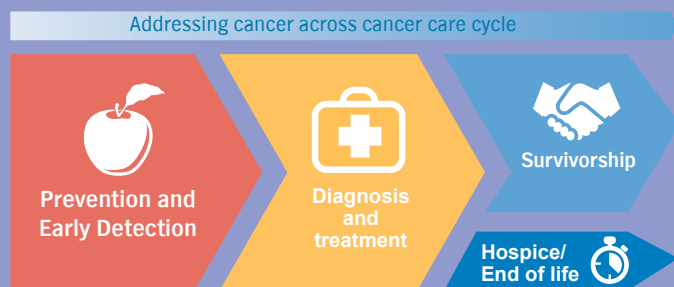
Wondering what you can do to prevent cancer? Have you or someone you love been told you have cancer? A cancer diagnosis can be scary. It can create confusion and disrupt your life and the lives of your loved ones. You may have questions such as:

- What treatment do I need?
- Who provides the right treatment?
- What will my life be like having cancer?
- When will I feel better?

That's why we're here to partner with you to support cancer prevention or through your cancer journey by offering helpful resources and services. As a member you have access to a large network of providers and centers specializing in cancer treatment.

How can I find cancer resources and programs?

For more information about Anthem's cancer resources, go to anthem.com. Select the Health and Wellness tab on the top of the webpage. Here you'll find information on prevention and wellness topics including:



Prevention, screenings, vaccines and wellness – Diet, lifestyle and prevention are important to promote optimal health. Cancer prevention screenings are important, which is why we cover a variety of cancer screenings.

Diagnosis and treatment – For those who have been told they have cancer or going through cancer treatment, we offer programs including: Case Management, Employee Assistance (if available) and the Help for Caregivers online resource.

Case management services

Case management gives you access to a licensed health professional who offers support, education and resources from diagnosis through treatment and recovery. Your policy has a benefit for case management services. Case management is provided by a licensed health professional, often an RN, who can help you and your family:

- Understand how your benefits will support treatment and medications.
- Understand what questions to ask and how to best work with your doctor.
- Know what to expect during the treatment and post-treatment process.
- Navigate the insurance system, as needed.
- Identify resources and support where you live.

Post-treatment – While most members move through their cancer treatment and into a cancer-free life, sometimes they must deal with end-of-life issues. We can help with both of these paths. Our services include Journey Forward, a program designed to improve the long-term health of cancer survivors. We also provide hospice benefits and end-of-life care for members facing a terminal illness.

Contact us today if you are interested in Case Management services. You can use the customer service e-mail through your registered account at anthem.com, call the customer service number on the back your ID card or we may contact you.

Having cancer doesn't mean you're on your own.
We're here to support you and your health.



You've got quick access to your health care!

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



From your computer



Go to anthem.com and select **Register Now**



Provide the personal information requested



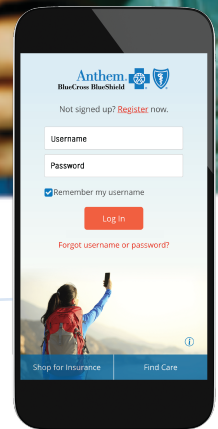
Create a username and password



Set your email preferences



Select **Submit**



From your mobile device



Download the free Anthem mobile app and select **Register Now**



Confirm your identity



Create a username and password



Set your email preferences



Confirm and select **Register**

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



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

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Explanation of Benefits (EOB)

Reference guide

How much do I owe for a medical claim?

We know that health care bills can be confusing. We want to help you understand what EOBs are and how they help you keep track of your medical claims.

We mail you an EOB when a provider (doctor, hospital or other health care facility or professional) files a claim for your care. The EOB is not a bill. It shows how your claim is processed and how your benefits work. For every doctor visit or service, your EOB tells you how much we pay and how much you owe.

You may not always get an EOB in the mail. For example, if you only need to pay a copay for a service, we won't mail you an EOB. But you can still view your medical EOBs/claims recaps online at anthem.com. **You can even choose not to get your EOBs by mail and just view them online. Here's how.**

1. Log in to anthem.com. If you haven't registered yet, you'll need to register to log in.
2. Click on **Profile**.
3. Scroll down to choose how you'd like to get your EOBs/claims recaps. Choose **Go Paperless**. (Only the subscriber can pick this option.)


It's fine to pay your copay during your doctor visit. But if you get a bill in the mail, check your EOB before you pay. Anthem may have already paid for the service.



This guide will take you through the elements of the EOB.

- 1. Patient's Name:** the patient who received the services.
- 2. Provider Name:** the provider (e.g., doctor, hospital or laboratory) of the services for the patient. The provider name may not be your doctor's name. That's because services such as tests, X-rays and consultations may be done by other health care providers as directed by your doctor.
- 3. Claim Number:** the number assigned to the patient's claim.
- 4. Service Date:** when the service was received.
- 5. Description:** a short description of the service.
- 6. Amount Charged:** the amount billed by the provider who performed each service.
Note: If Medicare/complementary services are involved, the amount in this column will represent the amount billed to Medicare.

- 7. Allowable Charges:** the price we have approved for that service (includes any deductible, coinsurance or other member expenses).
- 8. Other Insurance:** the amount paid by other insurance, including Medicare.
- 9. Applied to Deductible:** what was considered part of your deductible (the amount you must pay for covered health care costs before your benefits are paid). You are responsible for this amount.
- 10. Copay:** the amount you pay for each doctor visit or covered service. You are responsible for this amount.
- 11. Coinsurance:** a share of the cost (allowable charge) that you must pay for each service after you have paid your deductible for the year. You are responsible for this amount.



ANTHEM BLUE CROSS AND BLUE SHIELD
12345 MAIN STREET
ANYTOWN, USA, 912345

12345 45678 0000012 00001/00002

Explanation of Benefit Payments

THIS IS NOT A BILL

23 STATEMENT DATE:

15 ID#

16 GROUP#

This statement reports on claim(s) recently processed for you and/or your dependents. For more details log on to ANTHEM.COM. If you have any questions, please call or write:

18 ANTHEM BLUE CROSS AND BLUE SHIELD
12345 MAIN STREET
ANYTOWN, USA, 912345
1-888-123-4567

21 Anti-fraud toll-free hotline:
1-800-848-9276

0000123 45678910 002 389293945
YOUR NAME
ADDRESS
CITY, STATE, ZIP

SEE BACK FOR EXPLANATION OF COLUMNS

											19 YOUR LIABILITY			
4	5	6	7	8	9	10	11	12	13	14				
SERVICE DATE	DESCRIPTION	AMOUNT CHARGED	ALLOWABLE CHARGES	OTHER INSURANCE	APPLIED TO DEDUCTIBLE	COPAY	COINSURANCE	OTHER AMOUNTS NOT COVERED	AMOUNT PAID	CODE				
1 Patient:														
2 Provider:														
3 Claim:														
Totals-														
											20 YOUR TOTAL LIABILITY ON THIS CLAIM IS \$0.00 (Z031)			

17 Messages

22 Other languages available

- 12. Other Amounts Not Covered:** cost that exceeds your benefits or cost for services that aren't covered. You may be responsible for this amount (plus any deductible, coinsurance or copay).
- 13. Amount Paid:** the total amount paid to you or your provider.
- 14. Code:** codes that refer you to specific messages at the bottom of the chart. These messages explain a payment situation or why you may be responsible for a service.
- 15. ID #:** the member number of the subscriber/employee. This is also the number on your Anthem ID card. Please refer to this number when you call or write to us.
- 16. Group #:** the number of the account in which you are enrolled.

- 17. Messages:** more information about the claim.
- 18. Address and Phone #:** where to write or call if you have questions.
- 19. Your Liability:** a group of columns showing what you are responsible for paying.
- 20. Your Total Liability:** shows the total of the columns under "Your Liability." **Note:** The EOB grand total summary can be found at the end of the document.
- 21. Anti-fraud toll-free hotline:** the number you call to report fraud.
- 22. Other Languages Available:** when mandated, messages in a foreign language will be noted at the bottom of the EOB.
- 23. Statement Date:** when the EOB was generated.

Be a smart shopper – it pays to compare

Hospital 1		Hospital 2	
Procedures			
\$3,000	Bronchoscopy	\$5,000	
\$300	Chest CT scan	\$1,000	
\$25,000	Hip replacement	\$36,000	
\$25,000	Knee replacement	\$37,000	

Sample cost comparison*

Different doctors and hospitals may charge different amounts for the same service. So shop around using the **Estimate Your Cost** tool to see costs based on your own benefits. You can also compare the quality of different procedures.

Know your costs before you get care

Go to anthem.com and log in to use the **Estimate Your Cost** tool. Search for the procedure you need and the tool will help guide you.

For even quicker cost comparison, use the **Anthem Blue Cross and Blue Shield mobile app**.



* These rates are national averages for the services listed. Your experience may be different depending on your specific plan, the services you receive and the health care provider. Rates as of 2014.

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Live life to the fullest – without paying full price



Save money with discounts at anthem.com

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

Vision and hearing

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

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

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

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

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

Fitness and health

Jenny Craig® – Join Jenny Craig and obtain 50% off All Access Enrollment plus 5% off all Jenny Craig Food.

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

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

GlobalFit™ – Save on gym memberships and GlobalFit's Virtual Gym.

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

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

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



Special Offers on anthem.com

Family and home

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

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

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

LinkWell – Get coupons for healthier products.

WINFertility® – Save up to 40% on infertility treatment. WINFertility helps make quality treatment affordable.

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

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

Medicine and treatment

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

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

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

To find the discounts that are available to you, log in to anthem.com and select **Discounts**.



* All discounts are subject to change without notice.

Si necesita ayuda en español para entender este documento, puede solicitarla sin costo adicional, llamando al número de servicio al cliente que aparece al dorso de su tarjeta de identificación o en el folleto de inscripción.

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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.



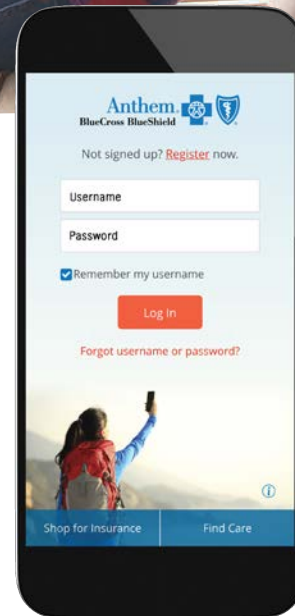
Estimate your costs

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. To request a printed copy, please contact your Benefits Administrator or Human Resources representative.

How we help manage your care

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

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

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

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



Notes



Notes

A series of horizontal grey lines providing space for writing notes.



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

If you need more information

www.anthem.com

Customer Service

1-844-653-7397

Monday - Friday

8:00a-7:00p



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.