



A guide to using your Anthem Blue Cross and Blue Shield health plan

The Archdiocese of Cincinnati
Actives-Blue Access PPO
Effective July 1, 2017



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

In this guide, you'll find:

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





How your health plan works

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

PPO

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.

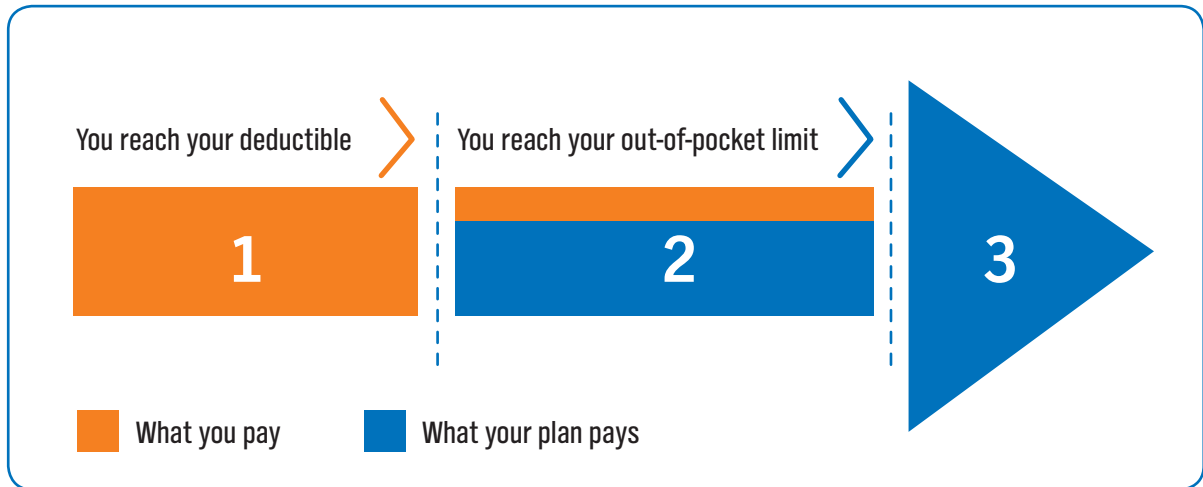


The doctors, hospitals and other health care providers in your plan have agreed to charge lower rates for our members.



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



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.

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

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. 

Your Summary of Benefits



The Archdiocese of Cincinnati - ACTIVES Blue Access® (PPO) Effective 07/01/2016

Covered Benefits	Network	Non-Network
Deductible (Single/Family) <i>Calendar Year</i>	\$470/\$940	\$940/\$1,880
Out-of-Pocket Limit (Single/Family) <i>Includes Deductible</i>	\$2,430/\$4,860	\$3,645/\$7
Physician Home and Office Services (PCP/SCP) Primary Care Physician (PCP)/ Specialty Care Physician (SCP) Including Office Surgeries and allergy serum: <ul style="list-style-type: none"> allergy injections (PCP and SCP) allergy testing MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology, Imaging Studies, and non-maternity related Ultrasounds Pharmaceutical products 	\$25/\$30 \$5 20% 10%; no deductible NCS	40% 40% 40% 40%
Preventive Care Services Services include but are not limited to: Routine Exams, Routine Mammograms, Pelvic Exams, Pap testing, PSA tests, Immunizations, Annual diabetic eye exam, Vision and Hearing screenings <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) Other Outpatient Services @ Hospital/Alternative Care Facility 	NCS NCS	40% 40%
Emergency and Urgent Care Emergency Room Services <ul style="list-style-type: none"> facility/other covered services (copayment waived if admitted) Urgent Care Center Services <ul style="list-style-type: none"> MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology, Imaging Studies, and non-maternity related Ultrasounds and pharmaceutical products Allergy injections Allergy testing 	20% 20% \$5 20%	20% 40% 40% 40%
Inpatient and Outpatient Professional Services Include but are not limited to: <ul style="list-style-type: none"> Medical Care visits (1 per day), Intensive Medical Care, Concurrent Care, Consultations, Surgery and administration of general anesthesia and Newborn exams 	20%	40%
Blue 4.0		

Your Summary of Benefits

Covered Benefits	Network	Non-Network
Inpatient Facility Services (Network/Non-Network combined) Unlimited days except for: <ul style="list-style-type: none"> 60 days for physical medicine/rehab (limit includes Day Rehabilitation Therapy Services on an outpatient basis) 90 days for skilled nursing facility 	20%	40%
Outpatient Surgery Hospital/Alternative Care Facility <ul style="list-style-type: none"> Surgery and administration of general anesthesia 	20%	40%
Other Outpatient Services (Combined Network & Non-Network limits) including but not limited to: <ul style="list-style-type: none"> Non Surgical Outpatient Services for example: MRIs, C-Scans, Ultrasounds, and other diagnostic outpatient services <ul style="list-style-type: none"> <i>Free standing Facility (non-hospital)</i> 10%; no deductible <i>Facility Based (hospital)</i> 20% Home Care Services 90 visits (excludes IV Therapy) 20% Chemotherapy 20% Durable Medical Equipment and Orthotics Unlimited (excluding Prosthetic Devices, Limbs and Medical Supplies) 20% Prosthetic Devices Unlimited 20% Prosthetic Limbs Unlimited 20% Physical Medicine Therapy Day Rehabilitation programs 20% Hospice Care 20% Ambulance Services 20% 		
Outpatient Therapy Services (Combined Network & Non-Network limits) <ul style="list-style-type: none"> Physician Home and Office Visits (PCP/SCP) \$25/\$30 Other Outpatient Services @ Hospital/Alternative Care Facility 20% Limits apply to: <ul style="list-style-type: none"> Cardiac Rehabilitation Unlimited Pulmonary Rehabilitation Unlimited Physical Therapy: 20 visits Occupational Therapy: 20 visits Chiropractic Therapy: 12 visits Speech therapy: 20 visits 		
Accidental Dental: Unlimited (Network and Non-network combined)	Copayments/Coinsurance based on setting where covered services are received	40%

Your Summary of Benefits

Covered Benefits	Network	Non-Network
Behavioral Health: Mental Illness and Substance Abuse¹ <ul style="list-style-type: none"> Inpatient Facility Services Inpatient Professional Services Physician Home and Office Visits (PCP/SCP) Other Outpatient Services. Outpatient Facility @ Hospital/Alternative Care Facility, Outpatient Professional 	20% 20% \$25 20%	40% 40% 40% 40%
Human Organ and Tissue Transplants² <ul style="list-style-type: none"> Acquisition and transplant procedures, harvest and storage. 	20%	50%
Prescription Drugs Network Tier structure equals 1/2/3 <ul style="list-style-type: none"> Network Retail Pharmacies: (30-day supply) Includes diabetic test strip Anthem Rx Direct Mail Service: (90-day supply) Includes diabetic test strip 	Rx plan is not covered by Anthem. Pharmacy is provided by Optum Rx; pharmacy copays do not go toward your medical OOP maximum.	Rx plan is not covered by Anthem. Pharmacy is provided by Optum Rx; pharmacy copays do not go toward your medical OOP maximum.
Lifetime Maximum	Unlimited	Unlimited

Notes:

- Flat dollar copayments are excluded from the out-of-pocket limits. Also Non-network Human Organ and Tissue Transplants are excluded from the out-of-pocket limits.
- NCS: No member cost share for copayment, deductible or coinsurance.
- Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance.
- Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.
- Dependent Age: to end of the month which the child attains age 26
- Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYNs and Geriatrics or any other Network Provider as allowed by the plan.
- When allergy injections are rendered with a Physicians Home and Office Visit, only the Office Visit cost share applies.
- No 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.
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.

¹ We encourage you to review the Schedule of Benefits for limitations.

² 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.

Your Summary of Benefits

Grandfathered Health Plan

Anthem Blue Cross and Blue Shield believes this plan is a "grandfathered health plan" under the Patient Protection and Affordable Care Act (the Affordable Care Act). As permitted by the Affordable Care Act, a grandfathered health plan can preserve certain basic health coverage that was already in effect when that law was enacted. Being a grandfathered health plan means that this plan may not include certain consumer protections of the Affordable Care Act that apply to other plans, for example, the requirement for the provision of preventive health services without any cost sharing. However, grandfathered health plans must comply with certain other consumer protections in the Affordable Care Act, for example, the elimination of lifetime limits on benefits.

Questions regarding which protections of the Affordable Care Act apply and which protections do not apply to a grandfathered health plan and what might cause a plan to change from grandfathered health plan status can be directed to Anthem Blue Cross and Blue Shield at the telephone number printed on the back of your member identification card, or contact your group benefits administrator if you do not have an identification card. For ERISA plans, you may also contact the Employee Benefits Security Administration, U.S. Department of Labor at 1-866-444-3272 or www.dol.gov/ebsa/healthreform. *This Web site has a table summarizing which protections do and do not apply to grandfathered health plans. For nonfederal governmental plans, you may also contact the U.S. Department of Health and Human Services at www.healthcare.gov.*

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

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

Take care of yourself. Use your preventive care benefits.



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

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

Preventive versus diagnostic care

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

Child preventive care

Preventive physical exams

Screening tests:

- Behavioral counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Type 2 diabetes screening
- Hearing screening
- Height, weight and body mass index (BMI)
- Hemoglobin or hematocrit (blood count)
- HPV screening (female)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- 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}
- 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.

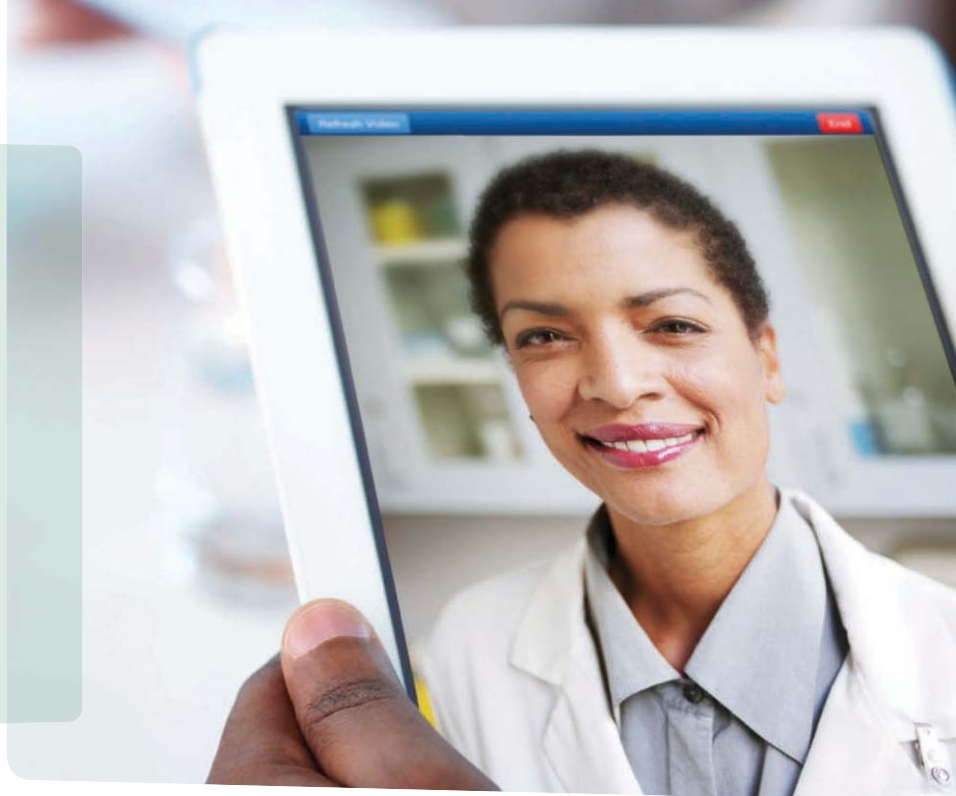
⁶ Counseling services for breast-feeding (lactation) can be provided or supported by an in-network (participating) provider such as a pediatrician, ob-gyn, family medicine doctor, and hospitals with no member cost-share expense (deductible, copay, coinsurance). Contact the provider to determine if lactation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

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

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Georgia: Anthem Blue Cross and Blue Shield is the trade name of Blue Cross and Blue Shield of Georgia, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Missouri (excluding 30 counties in the Kansas City area): RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. RIT and certain affiliates administer non-HMO benefits underwritten by HALIC and HMO benefits underwritten by HMO Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In Nevada: Rocky Mountain Hospital and Medical Service, Inc. HMO products underwritten by HMO Colorado, Inc. dba HMO Nevada. In New Hampshire: Anthem Health Plans of New Hampshire, Inc.; HMO plans are administered by Anthem Health Plans of New Hampshire, Inc. and underwritten by Matthew Thornton Health Plan, Inc. In Ohio: Community Insurance Company. In Virginia: Anthem Health Plans of Virginia, Inc. trades as Anthem Blue Cross and Blue Shield in Virginia, and its service area is all of Virginia except for the City of Fairfax, the Town of Vienna, and the area east of State Route 123. In Wisconsin: Blue Cross Blue Shield of Wisconsin (BCBSWI), which underwrites or administers the PPO and indemnity policies; CompCare Health Services Insurance Corporation (CompCare), which underwrites or administers the HMO policies; and CompCare and BCBSWI collectively, which underwrite or administer the POS policies. Independent licensees of the Blue Cross and Blue Shield Association. ANTHEM is a registered trademark of Anthem Insurance Companies, Inc. The Blue Cross and Blue Shield names and symbols are registered marks of the Blue Cross and Blue Shield Association.

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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LiveHealth Online:

Providing your employees with quick and easy access to a doctor, psychologist or therapist



With LiveHealth Online, your employees can see a board-certified doctor or licensed therapist through live video on their smartphone, tablet or computer with a webcam. LiveHealth Online is quick, easy to use and will help your employees get the care they need when they need it. All they have to do is sign up online or use our free mobile app.

Once you and your employees sign up for LiveHealth Online, you'll have access to:

- **Board-certified doctors, 24/7.** No appointments or long wait times! Doctors on LiveHealth Online can assess your condition, provide medical advice and even send prescriptions to the pharmacy of your choice, if needed.¹ It's quicker and easier than a trip to urgent care — in fact almost 90% of people who have used it said they saved two hours or more!²
- **Licensed therapists or psychologists at home.** If you're feeling stressed, worried or having a tough time, we're here to help. In most cases, you'll be able to make an appointment and see a therapist or psychologist in four days or less.³

To help you promote LiveHealth Online to your employees we've created this guide as a starting place.

¹ 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.

² LiveHealth Online consumer post-visit survey results, August 2014.

³ Appointments subject to availability of a therapist.

Promote LiveHealth Online with these tools and resources



1

Introduce employees to LiveHealth Online with emails. Simply open the email templates, located at the LiveHealth Online Resources link below, and use your distribution list to send.



2

Post our [Doctor by your side](#) and [testimonial videos](#) on your employee intranet site or share them during a meeting. They're a great way to help employees see how LiveHealth Online works and how it's helped people just like them get the care they need quickly and easily.



3

We've provided you with posters, open enrollment language and fliers to help promote LiveHealth Online. The flier includes frequently asked questions that give answers to the most common questions about LiveHealth Online.

Find out more about LiveHealth Online [here](#).



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.

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Access your LiveHealth Online Resources [here](#).

If you have questions, call your account representative.

Feel your best

ConditionCare

Let our health professionals help you live your best life

Do you or a covered family member have a long-term (chronic) health problem? ConditionCare is a program for you and there's no extra cost for you to join.

When you join ConditionCare, you'll get:

- 24-hour, toll-free access to a nurse who'll answer your questions.
- A health assessment by phone.
- Support from nurse care managers, pharmacists, dietitians, doctors and other health care professionals to help you reach your health goals.
- Educational guides, newsletters and tools to help you learn more about your condition.

ConditionCare nurse care managers work with members who have:

- Asthma (pediatric or adult).
- Chronic obstructive pulmonary disease (COPD).
- Coronary artery disease (CAD).
- Diabetes, types 1 and 2 (pediatric or adult).
- Heart failure (HF).

We may call to find out if ConditionCare can help you and ask you to sign up. To protect you, we'll verify your address or date of birth before talking about your health. Rest assured, the information you share is always confidential and will only be used to help you with your health.



Get help taking care of your health

To learn more or to join ConditionCare, call us toll free at the Member Services number located on your ID card.



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ComplexCare: support when you need it most

Coping with any health problem can be tough. But when you have one or more ongoing conditions that require special care, you need all the support you can get.

ComplexCare is here to give you that support – at no extra cost!

Our nurse care managers will work closely with you and your doctors to create a personalized care plan. That means we'll:



Help you **set** and achieve healthy lifestyle **goals**.



Answer your treatment **questions**.



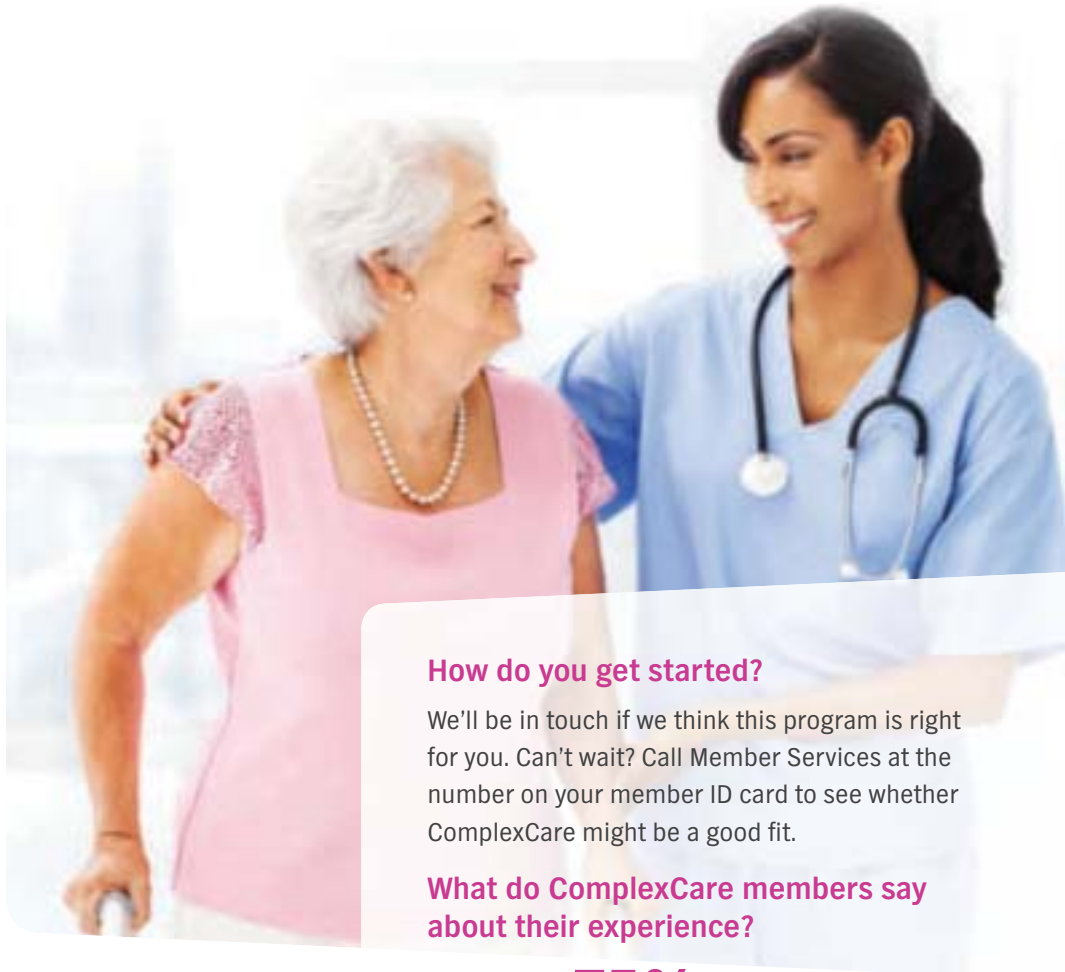
Refer you to other health and wellness **programs**.



Share new ideas for taking care of yourself and sticking to your doctor's **advice**.



Keep your **doctors** and other health care providers, like pharmacists and nutritionists, **connected** and on the same page.



How do you get started?

We'll be in touch if we think this program is right for you. Can't wait? Call Member Services at the number on your member ID card to see whether ComplexCare might be a good fit.

What do ComplexCare members say about their experience?



75% are satisfied with the support they got.*

Source: Internal Anthem *Clinical Satisfaction Study*, 2015.

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Help your employees make smart health care choices and you'll both benefit

You and your employees can save on a variety of services and procedures — all while promoting care that fits your unique needs

It starts with clinical reviews — what's right for your employees?

We work with AIM Specialty Health® (AIM), a leading specialty benefits management company, to engage doctors and members with decision support, education and great service.

We start by making sure your employees are getting the right level of care. When doctors suggest a medical service or diagnostic exam, there are often too many choices and locations — even more so in bigger cities. To help your employees make better choices, we offer clinical reviews of certain procedures. This process helps them become more proactive with their health. They also can choose the site that works best for them. These clinical reviews cover the following types of care:

- Cardiology
- Radiology benefit management
- Sleep
- Specialty pharmacy
- Radiation therapy

Our clinical reviews go hand in hand with our **Anthem Shopper programs** to help your employees make more informed decisions. Clinical reviews help make sure that the procedure is necessary and safe by:

- Promoting evidence-based medicine and clinical guidelines.
- Encouraging standardization.
- Reducing unnecessary procedures and costs.

Then, our **Anthem Shopper program** kicks in to give your employees more affordable choices when they need to pick a clinic or hospital to have their procedure done.

More informed choices mean lower costs for all

When your employees are referred for a CT or MRI, sleep study or surgery, they may be nervous. They may not stop to think, “Am I getting the best quality service for the best price?” That's understandable.

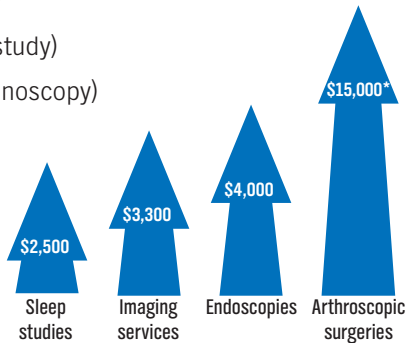
But rising health care costs are a reality. And Anthem Blue Cross and Blue Shield (Anthem) is glad to do the research, then share costs and other information — so your employees can make more informed choices, save money and help lower health care costs for everyone.



Higher costs don't always mean higher quality

Imaging services can cost as much as \$3,000. Sleep studies run around \$2,500. Endoscopies can cost \$4,000. And arthroscopic surgeries can add up to more than \$15,000.* Different places charge different prices. But a higher price doesn't ensure higher quality. That's why we're helping you and your employees find these quality services at lower prices once the procedure has been set up. Today, we'll get in touch with your employees to share the costs of many procedures, such as:

- Imaging (MRI)
- Sleep (sleep study)
- Surgical (colonoscopy)



* American Imaging Management, internal claims cost analysis.

Knowledge is power

How does the Anthem Shopper program work?

To educate your employees on a variety of procedures, this program:

- Provides information to empower your employees to be proactive in their health care choices.
- Integrates directly with the clinical review process.
- Gives your employees choices for similar care at a lower cost.

These programs include the:

- Anthem Imaging Shopper — offers prices on imaging procedures, such as MRIs.
- Anthem Sleep Shopper — gives sleep study options including home studies, which can cost much less than lab studies.
- Anthem Surgical Shopper — lets your employees know about lower-cost locations for certain surgical procedures, such as an arthroscopy (knees and shoulder).

Your employees can also use Anthem Procedure Shopper

They can call 1-877-309-4886 to learn more about high-quality options for mammograms, ultrasounds, hip/knee replacements and more ... for less

The service types and availability can vary by market and can be sold separately. Talk to your Sales representative for more information.

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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 call or log in to estimate your costs

Seriously. Just call us at 877-309-4886 or log in to 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.
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.
- **Sleep studies** are tests that look at how well you sleep and can find possible sleep problems.
- **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. Sleep studies can cost as much as \$2,500. 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. For example, if you need a sleep study, we'll make sure the provider is accredited by the Joint Commission (JC), the American Academy of Sleep Medicine (AASM) or the Accreditation Commission for Health Care (ACHC).
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!



Let's talk about your privacy and rights

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

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

How we help manage your care

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

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

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

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



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



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.