Your guide to Anthem Blue Cross Blue Shield

Welcome! We’re so glad you’re taking time to check out all that Anthem Blue Cross Blue Shield has to offer you. Choosing your health care plan (and the benefits that go with it) is an important decision and this booklet is designed to help. Basically, it’s a snapshot of the benefits that come with our health plan(s). It shows what’s available to you, what you get with each benefit and how the plan(s) work.

Explore the advantages of being an Anthem member.

This booklet goes into all the advantages. But here are the top four:

1. **Our plans can help you stay healthy.** Health plans aren’t just something you need when you’re sick. We offer easy-to-use plans that are specially designed for people who already have healthy lifestyles. They include things like free preventive care and discounts on over-the-counter products.

2. **You get more than just basic coverage.** You get access to tools, resources and guidance that are customized just for you. Plus we offer online programs to help you get and stay healthy. They’ll help you reach your personal goals to be as healthy as possible.

3. **There’s so much you can do on our website – after all, it was created just for you.** If you have questions, you’ll find the answers you’re looking for. Here are some things you can do:
   - Order and print out a temporary member ID card if you lose yours
   - Check the status of a claim
   - Search for a doctor, specialist or hospital
   - Learn about hundreds of health and wellness topics

4. **Finding an in-network doctor, specialist or hospital is a snap.** It’s quick and easy to search online. You can make your search specific by choosing a specialty or entering a doctor’s name. And if you’re away from home, try searching our National Directory.

Once you get your member ID card, all it takes is three simple steps to discover the world of anthem.com.

- Go to anthem.com
- Click on Register
- Create your username and password.

Then you’re ready to go!
Your guide to Anthem Blue Cross Blue Shield (continued)

Join our health conversation.

We’ve brought together a community of health enthusiasts who share information, tips and inspiration on Facebook, Twitter and YouTube. Follow our pages to get exercise tips from people like you. Get advice on reaching your health and wellness goals. And find things like healthy recipes and exercise how-to videos from our health coaches and trainers.

Connect with us today!

- Facebook.com/HealthJoinIn
- Twitter.com/HealthJoinIn
- YouTube.com/HealthJoinIn

We’re teaming up with IBM Watson to help you get the best care.

At times, getting a diagnosis for a complex or rare health issue can be a long, tough process. It’s been found that 15-20% of medical errors are caused by a delayed diagnosis.* To help with this issue, we are teaming up with IBM to pioneer a tool using their IBM Watson technology. This tool will help doctors use more complete information about a patient to make a diagnosis. And it will assist them in recommending treatments.

IBM Watson is being developed to access and analyze vast libraries of medical information and millions of health data records. With IBM Watson at their fingertips, we expect that our in-network doctors will be able to make more informed decisions about your health care. And that gets you on the road to your best health quicker.

Visit our website to easily find a doctor or facility.

Scan the code with your mobile capable device for a direct link to anthem.com. Don’t have a QR code reader? Download the free ScanLife app to your mobile device or visit scanlife.com.

* Dr. Herb Chase, Columbia University School of Medicine, IBM IBV report, The Future of Connected Healthcare Devices, March 2011.
Your Health Benefits
Blue Access®

The big buzz these days is that you take charge of your health. We would agree that’s a good idea. That’s why we build our health plans to provide options, resources and overall support to help you make decisions.

One, you have flexibility. You may use any doctor or facility you want — whether in our network or not. You’ll pay less for services when you use a network provider. But the decision is still yours.

Two, as an Anthem member, you have access to a lot of online tools. Helping you make your decisions is important to us, but not nearly as important as helping you make the right decisions — for you, your health and your budget.

Other ways you take charge with Blue Access:

- **You have quick access to care.** Simply go to anthem.com and search the provider directory for the type of care you need.

- **You don’t need a referral.** As long as you see a doctor or specialist in the Blue Access network, you pick who you want to see. You don’t need your doctor or our approval. Makes getting second opinions very easy.

- **You can see what a service costs before your appointment.** Through anthem.com, you can estimate the costs for inpatient and outpatient services and doctor visits. What better way to help you determine what to do?

- **You’re covered no matter where you go.** If you’re traveling in the U.S. or out of the country, your coverage travels with you. When you’re away from home, you have three ways to get medical care. Go to anthem.com, call BlueCard® Access at 800-810-2583 or call the customer service number on your member ID card.

- **You get more than just a health plan.** You get programs to actually help you manage your health. Many health and wellness programs are available through anthem.com. The programs are explained in detail later in this booklet.

How to Find a Blue Access Provider

Go to anthem.com and select “Find a Doctor” under the “Useful Tools” heading on the right side of the page. You can then search for doctors, hospitals, dentists, pharmacies, labs, and more.

This is a brief overview of your plan’s features. Your summary of benefits contains the details. See your benefits manager if you need a copy. Thank you for considering Anthem Blue Cross and Blue Shield.
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. 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
- Vision screening 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, including genetic testing for BRCA 1 and BRCA 2 when certain criteria are met
- Breast-feeding: primary care intervention to promote breast-feeding support, supplies and counseling (female)
- Contraceptive (birth control) counseling
- FDA-approved contraceptive medical services provided by a doctor, including sterilization
- Counseling related to chemoprevention for women with a high risk of breast cancer
- Counseling related to genetic testing for women with a family history of ovarian or breast cancer
- HPV screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings: includes, but is not limited to, gestational diabetes, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV
- Pelvic exam and Pap test, including screening for cervical cancer

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

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

Preventive physical exams

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

A word about pharmacy items

For 100% coverage of over-the-counter (OTC) drugs and other pharmacy items listed below, the person receiving the item(s) must meet the age and other specified criteria. You need to work with your in-network doctor or other health care provider to get a prescription for the item(s) and take the prescription to an in-network pharmacy. Even if the item(s) do not “need” a prescription to purchase them, if you want the item(s) covered at 100%, you have to have the prescription.

Child preventive drugs and other pharmacy items — age appropriate
- Fluoride supplements for children from birth through 6 years old
- Iron supplements for children 0-12 months

Adult preventive drugs and other pharmacy items — age appropriate
- Aspirin use for the prevention of cardiovascular disease including aspirin for men ages 45-79 and women ages 55-79
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Tobacco cessation products including select generic prescription drugs, select brand-name drugs with no generic alternative, and FDA-approved over-the-counter products, for those 18 and older

Women’s preventive drugs and other pharmacy items — age appropriate
- Contraceptives including generic prescription drugs, brand-name drugs with no generic alternative, and over-the-counter items like female condoms or spermicides
- Folic acid for women 55 years old or younger
- Vitamin D for women over 65
- Breast cancer risk-reducing medications following the U.S. Preventive Services Task Force criteria (such as tamoxifen and raloxifene)
Coverage While Traveling

Whether you’re traveling on business, away for fun or have been stationed in another state, your coverage travels with you. The BlueCard® program makes sure of that by uniting Anthem's network with those of other Blue Cross and Blue Shield companies across the U.S. You’ll have access to medical care most anywhere you’re staying.

It’s as easy as accessing your local network.

Getting medical care away from home is as convenient as accessing the local network — with just one added step.

1. Find a provider from the BlueCard listing. Like when at home, you can search online at anthem.com or call the member services number on the back of your member ID card. You can also call BlueCard Access at 800-810-BLUE (2583).
2. (This is the additional step.) Call Anthem member services to verify your coverage.
3. Show your ID card at the time of service.

One additional step. No additional costs or hassles. You pay the same with any Blue Cross and Blue Shield provider as you would an Anthem network provider. Plus the provider will file your claims for you. Anthem will still mail your explanation of benefits so you can double check how the service was covered.

As always, if you need emergency care, you should go to the nearest hospital without contacting Anthem first. Just give us a call within 24 hours or as soon as reasonably possible.

Enjoy your travels. We’re happy to go with you.
We’re glad you’re part of our prescription drug plan. We think it’s important for you to have access to a wide range of affordable medicines. And we work hard to provide you with the best service. If you have any questions about your plan, call us at the phone number on your member ID card.

Save money on your prescriptions

Here are some easy ways to get the most from your plan – and save on your medicine.

Choose the drugs you need from our drug list

Our drug list (sometimes called a formulary) is a list of prescription drugs covered by your plan. It’s made up of hundreds of brand-name and generic drugs. We research drugs and choose ones that are safe, work well and offer the best value. Sometimes we update the drug list when new drugs come to market, or if new research becomes available. If your plan uses a tiered drug list, view the drugs we cover at www.anthem.com/national4tier.

You’ll save money by taking medicines that are on the drug list. Drugs that aren’t on the list may have a higher copay or may not be covered, depending on your plan.

Also, some drugs need our review and need to get an OK from us before the prescription is filled to make sure they’re covered. This is called prior authorization. This review focuses mainly on drugs that may have:

- A risk of serious side effects or drug interactions
- High potential for incorrect use or abuse
- Better alternatives that may cost less
- Rules for use with very specific conditions

Your pharmacist will tell you if your drug needs prior authorization.

Try generic drugs

Generics drugs cost much less than most brand-name drugs. So ask your doctor if there’s a generic choice for your medicine – and if it might work for you. Generic drugs are approved by the Food and Drug Administration (FDA) and work as well as the brand-name choices.

Use over-the-counter (OTC) drugs when you can

You don’t need a prescription for OTC drugs. They often have the same active ingredients as the prescription versions but usually cost a lot less. OTC allergy and heartburn medicines are good examples. Just ask your doctor if it’s okay to swap your prescription drug for an OTC medicine.
Your pharmacy benefits (continued)

Visit in-network pharmacies

Our retail pharmacy network includes more than 64,000 pharmacies across the country, including major chains, grocery stores and independent pharmacies. That means you have easy access to your medicine wherever you are – at work, at home or even on vacation. Using pharmacies in the network will help save money. And when picking up your prescription at the pharmacy, don’t forget to show your member ID card.

To make sure your pharmacy is in our network, visit anthem.com. Click on Prescription Benefits and sign in. On the pharmacy page, click on Locate a Pharmacy.

Sign up for our convenient Home Delivery Pharmacy

Home delivery is a safe, easy way to get medicine you need on a regular basis. Prescriptions are sent to your home within two weeks from the time the pharmacy gets your order. Pharmacists can answer your drug questions by phone any time. Plus, you may be able to save money on your medicine.

Our Home Delivery Pharmacy is managed by Express Scripts. See the next page to learn how to get started.

Get support from our specialty pharmacy

Accredo, the Express Scripts specialty pharmacy, provides medicine and support and for people with complex and long-term conditions. Specialty drugs come in different forms like pills or liquids. And some need to be injected, infused or inhaled. These drugs often need special storage and handling and may be given to you by a doctor or nurse.

Accredo’s programs help people with some complex conditions. These programs teach you about treatment for your condition and help you understand and cope with drug side effects. Nurses and pharmacists will even set up time with you to find out how you are doing.

Call 888-773-7376, Monday through Friday, 8 a.m. to 9 p.m., Eastern time, to learn how Accredo’s condition support programs can help you better manage your health condition.

Information at your fingertips

Wherever you are, you can easily access your pharmacy information online.

Check out anthem.com.

Simply click on Prescription Benefits and sign in. Once you’re signed in, you’ll have access to lots of tools and drug information, all in one spot. You can check order status, order refills, price a drug, renew a prescription and much more. And when you’re on the go, just download the Anthem app from the Apple Store or Android Market. Everything you can do online, you can do from your smartphone!
HOME DELIVERY ORDER FORM

1 **Member information:** Please verify or provide member information below.

**Member ID:**

**Group:**

Name:

Street Address:

Street Address:

Street Address:

City, ST, ZIP:

Daytime phone: ________________________

Evening phone: ________________________

☐ Please send me e-mail notices about the status of the enclosed prescription(s) and online ordering at: ________________________.

☐ New shipping address: ________________________

(Express Scripts will keep this address on file for all orders from this membership until another shipping address is provided by any person in this membership.)

2 **Patient/doctor information:** Complete one section for each person with a prescription. If a person has prescriptions from more than one doctor, complete a new section for each doctor (additional sections are on back). Send all prescriptions in one envelope.

First name ________________________ Last name ________________________

Birth date (MM/DD/YYYY) ________________________ Sex ________________________

Patient’s relationship to member: [ ] Self [ ] Spouse [ ] Dependent

Doctor’s last name ________________________ 1st initial _______ Doctor’s phone number ________________________

First name ________________________ Last name ________________________

Birth date (MM/DD/YYYY) ________________________ Sex ________________________

Patient’s relationship to member: [ ] Self [ ] Spouse [ ] Dependent

Doctor’s last name ________________________ 1st initial _______ Doctor’s phone number ________________________

3 **Complete your order:** You can pay by e-check, check, money order, or credit card. Make checks and money orders payable to Express Scripts, and write your member ID number on the front. You can enroll for e-check payments and price medications at Express-Scripts.com, or call the Member Services phone number found on your ID card.

Number of prescriptions sent with this order: _______

Payment options: [ ] e-check [ ] Payment enclosed [ ] Credit card [ ] Send bill

For credit card payments:

[ ] Visa [ ] MC [ ] Discover [ ] Amex [ ] Diners

Credit card number ________________________

Expiration date _______ _______ X

M M Y Y Cardholder signature ________________________

☐ I authorize Express Scripts to charge this card for all orders from any person in this membership.

☐ Rush the mailing of this shipment ($21, cost subject to change). NOTE: This will only rush the shipping, not the processing of your order. Street address is required; P.O. box is not allowed.

Mailing instructions are provided on the back of this form.
Place your prescription(s), this form, and your payment in an envelope. Do not use staples or paper clips.

Patient/doctor information continued

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Important reminders and other information

**Check** that your doctor has prescribed the maximum days’ supply allowed by your plan (not a 30-day supply), plus refills for up to 1 year, if appropriate. Also, ask your doctor or pharmacist about safe, effective, and less expensive generic drugs.

**Complete** the Health, Allergy & Medication Questionnaire.

There may be a limit to the balance that you can carry on your account. If this order takes you over the limit, you must include payment. Avoid delays in processing by using e-checks or a credit card. (See Section 3 for details.)

If you are a Medicare Part B beneficiary AND have private health insurance, check your prescription drug benefit materials to determine the best way to get Medicare Part B drugs and supplies. Or, call Member Services at the phone number found on your ID card. To verify Medicare Part B prescription coverage, call Medicare at 1.800.633.4227.

Express Scripts will make all possible efforts, as appropriate by law, to substitute generic formulations of medication, unless you or your doctor specifically directs otherwise.

Pennsylvania and Texas laws permit pharmacists to substitute a less expensive generic equivalent for a brand-name drug unless you or your doctor directs otherwise. Check the box if you do not wish a less expensive brand or generic drug.

Please note that this applies only to new prescriptions and to any refills of that prescription.

For additional information or help, visit us at Express-Scripts.com or call Member Services at the phone number found on your ID card. TTY/TDD users should call 1.800.759.1089.

Federal law prohibits the return of dispensed controlled substances.
National Drug List

Drug list – Three (3) Tier Drug Plan

Anthem Blue Cross and Blue Shield prescription drug benefits include medications available on the Anthem National Drug List. Our prescription drug benefits can offer potential savings when your physician prescribes medications on the drug list.
Anthem Blue Cross and Blue Shield National Drug List

Your prescription drug benefit includes coverage for medicines that you’ll find on the Anthem National Drug List. You can find more savings that is describes medicine that is on our formulary drug list of commonly asked questions and answers about how the drug list works with your prescription drug plan.

Q. What is a Drug List?
A. The Anthem National Drug List, also called a formulary is a list of U.S. Food and Drug Administration (FDA)-approved brand-name and generic drugs that have been reviewed and recommended for their quality and how well they work. The review is done by the National Pharmacy and Therapeutics (P&T) Process. The P&T Process is performed by an independent group of practicing doctors and pharmacists in charge of the research and decisions surrounding our drug list. This group meets regularly to review new and existing drugs and they choose the top drugs for our list — based on their safety, how they work and their value. Because the drugs on our list are reviewed from time to time, it’s a good idea to check the list to find out if any drugs have been added or removed. You can do this by going to anthem.com.

Q. What are Tiers?
A. Drugs on the Anthem National Drug List are grouped into tiers. There are several factors that are used to determine under which tier a drug will be put in. This can include (but it’s not limited to):
   - Cost of the drug
   - Cost of the drug in comparison to other drugs used for the same type of treatment
   - Availability of over-the-counter options
   - Other clinical and cost factors.

Q. What is a brand-name drug?
A. These are drugs that are developed by a company who holds the rights to sell them. When the rights expire, other drug companies can make their own version of the drugs (see generic drugs below). You may be more familiar with brand-name drugs through advertising or because you know people who take them.

Q. What is a generic drug?
A. Generics are simply copies of brand-name drugs. Brand-name and generic drugs have the same active ingredients, strength and dose. And the FDA requires that generic drugs meet the same high standards for purity, quality, safety and strength. With generics, you get the same quality for less money.

Q. What if my doctor or I choose a brand-name drug when a generic version is available?
A. In most cases, you would be responsible for the Tier 1 copay plus additional cost share for the cost difference between the brand-name medication and the generic version.

Q. What are “clinically equivalent” medications? How does this affect my drug coverage?
A. When drugs are compared in studies, some drugs have been found to be just as effective as others. These drugs are called “clinically equivalent” so it means they work just as well. Part of the P&T Process is to review the most current studies to see if multiple drugs used to treat a disease or a condition have the same effect on a patient. When this is the case, the Process review team may suggest that we cover only the lower cost drug (so we can help keep the overall cost of care as low as possible). This means your specific drug plan may not cover some drugs (indicated by a ^ symbol next to the drug name) that have clinically equivalent options.

Q. What if my medication is not covered?
A. You may want to first check with your doctor about prescribing a drug that is covered. If your doctor prescribes a drug that’s not covered, you will need to pay the out of pocket cost that applies to drugs not on the formulary.

Q. Is this list a complete listing of all covered drugs under the National Drug List?
A. No. This document lists the most commonly used drugs that are covered as part of the National Drug List. If the drug you are looking for is not listed, you may call customer service for more information.

Please note that your coverage may be subject to limitations and exclusions. For example, drugs used for cosmetic purposes may be excluded from your benefits. Please refer to your Certificate or Evidence of Coverage for more information.
For more information about your drug plan, you can do the following:

- Go to anthem.com
- Call customer service at the number on your ID card
- Speech and hearing impaired users (TDD/TTY) should call 800-221-6915, Monday – Friday, 8:30 a.m. – 5:00 p.m., ET
- Bring a copy of this drug list to your next doctor’s visit to help you select the lowest cost medicine

Tier Drug List Definition

Tier 1 – Lower copayment – Drugs that offer the greatest value compared to others that treat the same conditions. Some of these are generic versions of brand-name drugs.

Tier 2 – Medium copayment – Brand name drugs that are generally more affordable. Drugs may also be on this tier because they are “preferred” among other drugs that treat the same conditions. This may be based on how well they work, if they have less side effects, if they’re more affordable, etc.

Tier 3 – Higher copayment – These are higher cost brand-name drugs. Some Tier 3 drugs may have generic versions in Tier 1 and may cost more than the generic versions on lower tiers.
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Etodolac, DO, QL
Etodolac, delayed release, QL
Etodolac, ER, DO, QL
Etodolac, delayed release, PA
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- Oxybutynin
- Oxycodone
- Oxycodone ER, QL
- Oxycodone/AP, QL
- Oxycodone/aspirin
- Oxymorphone, ER, QL
- Oxycotin
- Pantoprazole, QL
- Paricalcitol
- Paroxetine, SR, DO, QL
- Penicillin V.K.
- Pentamidine isethionate
- Pentazocine nx
- Pentazocine/apap
- Pentoxifylline
- Pergolide
- Perindopril
- Permethrin
- Perphenazine
- Phenazopyridine
- Phenobarbital
- Phenylephrine
- Phenylephrine/hydrocode
- Phenylephrine/hydrocode
- Phenyleph/ephrine-pdp w/ carbapenta
t- Phenyleph-pyrilamine/w hydrocode
- Phenylephrine
- Phenylephrine/propenezide/codeine
- Phenytoin
- Phospha 250
- Pilocarpine
- Pindolol
- Pioglitazone, QL
- Pioglitazone/glimepiride, QL
- Pioglitazone/Metformin, QL
- Piroxicam
- Polymethylene glycol-electrolyte solution
- Polymyxin B, trimethoprim
- Pot. & Soda. Citrates w/ citric acid
- Potassium chloride
- Potassium citrate citric acid
- Pramipexole
- Pramoxine/hcl chloroxyzol
- Pravastatin, DO, QL
- Prazosin
- Prednisone sodium phosphate
- Prednisone
- Prenatal multivitamins and minerals/iron/folic acid
- Prenatal vitamin
- Prenatal w/ obuscate, iron, folic acid
- Primidone
- Probenecid
- Probenecid/colchicine
- Procanoamide, SR
- Prochlorperazine
- Prochlorperazine succ 25mg
- Progesterone caps
- Promethazine
- Promethazine/codeine
- Promethazine/dextromethorphan
- Promethazine/phenylephrine
- Propafenone, SR
- Propantheline
- Propoxyphene/APAP, QL
- Propranolol, LA
- Propranolol/HCTZ
- Propylthiouracil
- Pseudoeph/bromphen-DM 45-1-4
- Pseudoephedrine hcl/chlor-mal
- Pseudoephedrine/carboxamine
- Pseudoephedrine/guaifenesin
- Pyrazinamide
- Quetiapine
- Quinapril, HCTZ
- Quinidine gluconate
- Quinidine sulfate
- Quinidine sulfate, PA, QL
- Rabeprazole, ST^*
- Raloxifene
- Ramipril
- Ranitidine
- Regapilide
- Ribavirin
- Rifabutin
- Rifampin
- Riluzole
- Risendronate, QL
- Risperidone, ODT
- Rivastigmine
- RizatRIPTAN, ODT, QL
- Ropinirole, ER
- Salsalate
- Seldage
- Selenium sulfide
- Sertraline
- SD, QL
- Shambutan, ER
Tier 3 for Indiana

A generic equivalent of this drug recently became available or will be available soon. After the generic drug becomes available and notification requirements are met, this brand-name drug will become Tier 3 or may no longer be covered by your prescription drug plan. Check anthem.com to find out about changes in tier status.

This product has clinically equivalent alternatives included on the drug list and, as a consequence, such product may not be covered under your pharmacy benefit. Please consult your on-line pharmacy account through your health plan website, anthem.com, for details on coverage.

Preferred step therapy drug: drug has been chosen to be tried first when treating some conditions.

Prior authorization is the process of obtaining approval of benefits before certain prescriptions may be filled.

Certain prescription drugs have specific quantity limits per prescription or per month.

You may need to use one medication before benefits for the use of another medication can be authorized. Please note: Foradil and Serevent are safety edits that prevent duplication of therapy.

You may need to use one medication before benefits for the use of another medication can be authorized. This step therapy may not be required if there is a history of a paid claim for this medication in the prior 6 months.

Normally involves the conversion from twice-daily dosing to a once-daily dosing schedule.

Not all medications and not all plans are subject to prior authorization and quantity limits. For more information regarding prior authorization or quantity limits, contact Member Services at the telephone number listed on your identification card.

For Kentucky Residents Only: In selecting medications for the prescription drug list, the therapeutic efficacy and cost effectiveness are addressed for each category. All therapeutic categories are represented on the drug list by at least one medication. When a closed drug list is in effect, only medications that are included on the drug list are a covered service. In certain clinical situations, a member may require use of a non-covered product. Anthem has criteria that permits a member to obtain a noncovered medication in a closed drug list plan. If specific criteria are met, a member can receive a non-covered drug for a drug list copay. The criteria preserves the clinical integrity of the drug list and provides a process by which deviations from the drug list may be allowed. An appeals process is in place for any medications that do not meet the criteria.
For more information, please visit anthem.com.

- If you have additional questions about your prescription benefits please call the Member Services number on your ID card.
- Speech and hearing impaired (TDD/TTY users) should call 800-221-6915, Monday – Friday, 8:30 a.m. – 5:00 p.m., ET.
- For the most current version of this prescription drug list, please visit anthem.com.
- Bring a copy of this drug list to your next doctor’s visit to assist in selecting the lowest cost medications.
Health, Wellness & Anthem Advantages
Your Anthem plan has so much to offer, you won’t want to miss a thing.

Register at anthem.com today!

Understanding your health plan just got a whole lot easier.

Your health; what’s more important? So shouldn’t understanding your health plan be just as important? We think so. So we made it easier, with anthem.com.

Once you register, you’ll see how anthem.com makes complex information easy to understand and easy to use. You’ll be able to know what’s covered and what’s not, what your costs will be for procedures, prescription drugs, doctor visits and so much more. Not only that, you can also save money and live better with our online tools that keep you informed, in control and at your healthy best. Take a look at all you can do:

Get an idea of what your costs will be before you go

Did you know that different hospitals and facilities charge different amounts for the same services? Now you can know your cost before you set foot in the hospital by going to anthem.com. By getting an estimate of your costs based on the benefits of your health plan, you can choose a facility that fits your budget.

To learn more visit anthem.com/costvideo.

Look up your claims

Stay on top of your medical claims with this easy online view. You can see the amounts charged to your medical savings account, the amounts paid by your traditional health coverage or how much money you’ll need to pay. You may also choose to get emails when claims have been processed, instead of getting notified by regular mail.

To learn how to get information about your claims, go to anthem.com/guidedtour/claim.

Find a Doctor (dentist, pharmacy or hospital)

You can search for doctors, hospitals and other health care facilities quickly online. You can also make your search more specific by choosing a specialty or entering the name of a doctor or facility. And, if you’re away from home, you can also search our National Directory.

To search our online Provider Finder:

- Log in at anthem.com
- Select “Find a Doctor” and follow the steps on the screen.
Your Anthem plan has so much to offer, you won’t want to miss a thing. (continued)

Print a temporary ID card

If you haven’t received your permanent ID card yet and want to access health care services now, you can print your temporary ID card online.* Your temporary ID card expires 30 days after its issue date and isn’t meant to replace your permanent ID card, which you’ll still get in the mail.

*Not all members may be able to request a temporary ID card.

To learn more about MyHealth Record go to anthem.com/guidedtour/record.

Isn’t it time your life got a little easier. If you’re not already registered at anthem.com, why not do it now? It’s fast, secure and oh so easy!
Learn about the online tools that come with your health plan.

It’s easy with our “Web Overview eTutorial” at anthem.com

Our “Web Overview eTutorial” is a guide that walks you through all of the helpful tools you could — and should — be using. The guide will explain where you can find these tools and how to use them. It’s fun, interactive and anything but boring.

With the “Web Overview eTutorial” you can learn how to:

- Register at anthem.com.
- Check the status of your claims.
- Compare cost and quality for common medical procedures.
- Find a doctor.
- Take a health assessment to get an accurate picture of where you stand health-wise.
- Personalize your own health record, where you can keep all of your health information in one place.
- Find discounts on vitamins, health and beauty products, fitness center memberships, weight-loss programs and more. You can even get 20 dollars off at 1-800 Contacts and glasses.com.

How to get started with our “Web Overview eTutorial”

All you need to do is go to anthem.com and click on "Guided Tour" which is located near the Member Log In box. Then sit back and get ready to learn and have fun, all at the same time.
Choose an easier way to better health

Health and wellness programs designed for your unique needs

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

Condition Care

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

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

Future Moms

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

- 24/7 phone access to a nurse coach you can talk to about your pregnancy and your health. A nurse may also call you from time to time to see how you’re doing.
- A book that shows changes you can expect for you and your baby over the next nine months.
- Useful tools to help you, your doctor and your Future Moms nurse coach track your pregnancy and spot possible risks. You’ll also get tips and resources to help you make better decisions and prepare for the birth of your baby.

24/7 NurseLine

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

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

Get the support you need

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

- 888-249-3820
We go through medical histories, pharmacy claims and doctor visits, and then connect the dots to find ways to help you avoid health problems, stay healthy or save money.

If we find something you could do to improve your health, you’ll get a MyHealth Note in the mail. MyHealth Notes have information on:

- **Tips to save money.** We’ll tell you when you can save money on your prescription drugs and other health care services. For example, if you switch from a brand-name drug to a generic one, you often pay less.

- **Prescription drugs.** If it’s time for you to get a refill, we’ll remind you.

- **Checkups, tests and exams.** Are you due for an exam or test, we’ll remind you to make an appointment. We’ll even show you when upcoming services will be needed so you can schedule them in advance.

- **Recent claims and prescriptions.** This easy-to-read summary of your recent pharmacy claims is great information to share with your doctors.

**MyHealth Advantage**

Helping you stay healthy and save money

You don’t need to lift a finger to save money while enjoying a healthier life. Just watch your mail for a MyHealth Note.

Anthem Blue Cross and Blue Shield is the trade name of: In Colorado: Rocky Mountain Hospital and Medical Service, Inc., HMO products underwritten by HMO Colorado, Inc. In Connecticut: Anthem Health Plans, Inc. In Indiana: Anthem Insurance Companies, Inc. In Kentucky: Anthem Health Plans of Kentucky, Inc. In Maine: Anthem Health Plans of Maine, Inc. In Massachusetts including MA counties in the Kansas City area: RightCHOICE® Managed Care, Inc. (RIT), Healthy Alliance® Life Insurance Company (HALIC), and HMO Missouri, Inc. If you 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 Nebraska: 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 Plans, 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.

4/15/15/ANEMABS 03/14
LiveHealth Online®

Easy, fast doctor visits. All from the comfort of your own computer or mobile device.

Talk to a doctor today, tonight, anytime — 365 days a year. Just enroll at livehealthonline.com or on the free mobile app.
Now you can get the health care you need without all the hassle

Have a health question? Under the weather? With LiveHealth Online, you don’t have to schedule an appointment, drive to the doctor’s office, and then wait for your appointment. In fact, you don’t even have to leave your home or office. Doctors can answer questions, make a diagnosis, and even prescribe basic medications when needed.*

With LiveHealth Online, you get:
- Immediate doctor visits through live video.
- Your choice of U.S. board-certified doctors.
- Help at a cost of only $49 per visit, subject to deductible and coinsurance.
- Private, secure and convenient online visits.

What are the qualifications of the doctors you consult via LiveHealth Online?
- U.S. board-certified.
- Average 15 years practicing medicine.
- Mostly primary care physicians.
- Specially trained for online visits.

When can you use LiveHealth Online?

As always, you should call 911 with any emergency. Otherwise, you can use LiveHealth Online whenever you have a health concern and don’t want to wait. Doctors are available 24 hours a day, seven days a week, 365 days a year. Some of the most common uses include:
- Cold and flu symptoms such as a cough, fever and headaches
- Allergies
- Sinus infections
- Family health questions

Start a conversation now.

Just enroll for free at livehealthonline.com or on the app, and you’re ready to see a doctor.

*As legally permitted in certain states.
What is LiveHealth Online®?

With LiveHealth Online, you have a doctor by your side 24/7. LiveHealth Online lets you talk face-to-face with a doctor through your mobile device or a computer with a webcam. No appointments, no driving and no waiting at an urgent care center.

Use LiveHealth Online for common health concerns like colds, the flu, fevers, rashes, infections, allergies and more! It’s faster, easier and more convenient than a visit to an urgent care center.

Why would I use LiveHealth Online instead of going to visit my doctor in person?

LiveHealth Online is not meant to replace your primary care physician. However, it is a convenient option for care if your doctor is not available, or if you need care for common problems like a cold or the flu. LiveHealth Online connects you with a board-certified doctor in just a couple of minutes. Plus, you can get a LiveHealth Online visit summary from the MyHealth tab to print, email or fax to your primary doctor.

LiveHealth Online should not be used for emergency care. If you experience a medical emergency, call 911 immediately.

When is LiveHealth Online available?

Doctors are available on LiveHealth Online 24/7, 365 days a year.

How do I access the LiveHealth Online mobile app?

You can download the LiveHealth Online mobile app for free on your mobile device by visiting the App Store or Google Play.

Do doctors have access to my health information?

LiveHealth Online doctors can only access your health information and review previous treatment recommendations and information from prior LiveHealth Online visits.

If you are using LiveHealth Online for the first time, you will be asked to answer a brief questionnaire about your health before you speak with a doctor. Then the information from your first online visit will be available for future LiveHealth Online visits.

How does LiveHealth Online work?

When you need to see a doctor, simply go to livehealthonline.com or access the LiveHealth Online mobile app. Select the state you are located in and answer a few questions. Best of all, LiveHealth Online visits are a part of your health plan. So, the cost of a LiveHealth Online visit is the same or less than a primary care office visit.

Establishing an account allows you to securely store your personal and health information. Plus, you can easily connect with doctors in the future, share your health history and schedule online visits at times that fit your schedule.

Once connected, you can talk and interact with the doctor as if you were in a private exam room.

How long does a LiveHealth Online session with a doctor usually last?

A typical LiveHealth Online session lasts about 10 minutes.
How much does it cost to use LiveHealth Online?

LiveHealth Online is a part of your health plan. So, the cost of a LiveHealth Online visit is the same or less than a primary care office visit. To find out how much your visit will cost, enter your member ID on LiveHealth Online and the cost will be shown before you visit with a doctor.

Your family and friends also can use LiveHealth Online by paying the full cost of the visit, $49.

Will I be charged more if I use LiveHealth Online on weekends, holidays or at night?

No. The cost is the same.

How do I pay for a LiveHealth Online session?

LiveHealth Online accepts Visa, MasterCard and Discover cards as payment for an online visit with a doctor. Please keep in mind that charges for prescriptions aren’t included in the cost of your doctor’s visit.

Can I get online care from a doctor if I’m traveling or in another state?

As long as you are located in a state where LiveHealth Online is available, you can get online care. To determine if online visits with a doctor are available in your state, please visit livehealthonline.com and view the state map at the bottom of the home page.

Why do some states offer prescriptions after my visit and other states don’t?

Some state laws require a face-to-face visit before allowing prescriptions. Every state is different and these laws change often. Please visit livehealthonline.com regularly to see if online visits with a doctor are available in your state. Please note that doctors using LiveHealth Online are not able to prescribe controlled substances or lifestyle drugs.

Do I have what I need to access doctors through LiveHealth Online?

To find out how to use LiveHealth Online on your computer or mobile device, go to livehealthonline.com and select the About tab. Then scroll down to the More Information section on the left side of the page.

Who do I get in touch with if I still have questions?

You can email customersupport@livehealthonline.com or call toll free at 1-855-603-7985.

If you send us an email please be sure to include
- Your name
- Your email
- A phone number where you can be reached
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 access over 50 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 & 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 — Try on any five of the 3,500 designer frames — at home, for free — before you buy. It’s convenient, plus you get exclusive member savings like $20 off when you spend $100 or more, and free shipping and free returns.

Premier LASIK — Save 15% on LASIK with all their in-network providers and prices as low as $695 per eye with select providers.

HearPO — Get a low price guarantee on the seven top companies that work with HearPO. Save $50 on one or $125 on two hearing aids — plus get three-year repair/loss/damage warranty and a free two-year supply of batteries.

Beltone™ — Hearing screening and in-home service at no additional cost, and up to 50% off all Beltone hearing aids.

**Fitness & Health**

Jenny Craig® — Join Jenny Craig and get a 30-day trial at no additional cost, and 25% off the Jenny Rewards Premium Program.

Weight Watchers® — Get $10 off a three-month subscription to Weight Watchers Online.

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, home fitness equipment and GlobalFit’s Virtual Gym; $30 off Nutrisystem’s best advertised price. Buy bodybugg with GlobalFit’s exclusive low price.

ChooseHealthy™ — Preferred pricing on fitness club memberships with one-week free trial. Discounts on acupuncture, chiropractors and massage — plus 40% off certain wellness products.

FitOrbit — Get your own personal trainer for less than $2 a day. Fitness legend Jake Steinfeld (Body by Jake®) came up with FitOrbit — giving everybody the ability to afford a personal trainer.

Check out more SpecialOffers on the other side.
Anthem Blue Cross and Blue Shield is the trade name of: In Colorado and Nevada: Rocky Mountain Hospital and Medical ...

In Georgia: 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 Greater St. Louis area): Preferred One Health Plans Inc. (POHP), and Preferred One Missouri, Inc. RIT and certain affiliates only provide administrative services for self-funded plans and do not underwrite benefits. In New Hampshire: Anthem Health Plans of New Hampshire, Inc. In Ohio: Community Insurance Companies. 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.

Welcome to your Anthem page. Here you will find: SpecialOffers on anthem.com

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

Family & Home

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

SeniorLink — Save 15% on advice for seniors and get 90 days service at no additional cost on the HelpLink Emergency Response System to help care for an aging family member.

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.

VoiceCare — Save more than 25% on the professional emergency response system.

LinkWell — Get coupons for healthier products.

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

Medicine & Treatment

Puritan’s Pride — Save 20% and get free shipping on a big selection of vitamins, minerals, herbs, supplements and much more.

Murad® — Save $25 plus a free gift with any purchase of $100 or more on skin care.

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. 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.
Information You Should Know
Managing your care if you need to go to a hospital or get certain medical treatment

If you or a family member needs certain types of medical care (for example: surgery, treatment in a doctor’s office, physical therapy, etc.), you may want to know more about these programs and terms. They may help you better understand your benefits and how your health plan manages these types of care.

Utilization management

Utilization management (UM) is a program that is part of your health plan. It lets us make sure you’re getting the right care at the right time. Our UM review team, made up of licensed health care professionals such as nurses and doctors, do medical reviews. The team goes over the information your doctor has sent us to see if the requested surgery, treatment or other type of care is medically needed. The UM review team checks to make sure the treatment meets certain rules set by your health plan. After reviewing the records and information, the team will approve (cover) or deny (not cover) the treatment. The UM review team will let you and your doctor know as soon as possible.

We can do medical reviews like this before, during and after a member’s treatment. Here’s an explanation of each type of review:

The prospective or pre-service review (done before you get medical care)

We may do a prospective review before a member goes to the hospital or has other types of service or treatment. Here are some types of medical needs that might call for a prospective review:

- A hospital visit
- An outpatient procedure
- Tests to find the cause of an illness, like magnetic resonance imaging (MRI) and computed tomography (CT) scans
- Certain types of outpatient therapy, like physical therapy or emotional health counseling
- “Durable medical equipment” (DME), like wheelchairs, walkers, crutches, hospital beds and more

The concurrent review (done during medical care and recovery)

We do a concurrent review when you are in the hospital or are released and need more care related to the hospital stay. This could mean services or treatment in a doctor’s office, regular office visits, physical or emotional therapy, home health care, durable medical equipment, a stay in a nursing home, emotional health care visits and more. The UM review team looks at the member’s medical information at the time of the review to see if the treatment is medically needed.
Managing your care if you need to go to a hospital or get certain medical treatment (continued)

The retrospective or post-service review (done after you get medical care)

We do a retrospective review when you have already had surgery or another type of medical care. When the UM review team learns about the treatment, they look at the medical information the doctor or provider had about you at the time the medical care was given. The team then can see if the treatment was medically needed.

Case management

Case managers are 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.

Preauthorization

Preauthorization is the process of getting approval from your health plan before you get services. This process lets you know if we will cover a service, supply, therapy or drug. We approve services that meet our standards for needed and appropriate treatment. The guidelines we use to approve treatment are based on standards of care in medical policies, clinical guidelines and the terms of your plan. As these may change, we review our preauthorization guidelines regularly. Preauthorization is also called “precertification,” “prior authorization,” or “pre-approval.”

Here’s how getting preauthorization can help you out:

Saving time. Preauthorizing services can save a step since you will know if you are eligible and what your benefits are before you get the service. The doctors in our network ask for preauthorization for our members.

Saving money. Paying only for medically necessary services helps everyone save. Choosing a doctor who’s in our network can help you get the most for your health care dollar.

What can you do? Choose an in-network doctor. Talk to your doctor about your conditions and treatment options. Ask your doctor which covered services need preauthorization or call us to ask. The doctor’s office will ask for preauthorization for you. Plus, costs are usually lower with in-network doctors.

If you choose an out-of-network provider, be sure to call us to see if you need preauthorization. Non-network providers may not do that for you. If you ever have a question about whether you need preauthorization, just call the preauthorization or precertification phone number on your ID card.

There are times when we may need to do a benefit review for a health care service you plan to receive or have already received. We do this to find out what your plan will cover for that service. During the review, we take a look at the terms, benefits, limitations and exclusions of your particular plan. This means we may check to see if your plan covers the service, if you’ve already reached a benefit limit for the service, and if you can see a provider outside of the network. We may also review other aspects of your plan.
Your rights and responsibilities as a member

As a member you have certain rights and responsibilities to help make sure that you get the most from your plan and access to the best care possible. That includes certain things about your care, how your personal information is shared and how you work with us and your doctors. It’s kind of like a “Bill of Rights”. And helps you know what you can expect from your overall health care experience and become a smarter health care consumer.

You have the right to:

- Speak freely and privately with your doctors and other health professionals about all health care options and treatment needed for your condition, no matter what the cost or whether it’s covered under your plan.
- Work with your doctors in making choices about your health care.
- Be treated with respect, dignity, and the right to privacy.
- Privacy, when it comes to your personal health information, as long as it follows state and federal laws, and our privacy rules.
- Get information about our company and services, and our network of doctors and other health care providers.
- Get more information about your rights and responsibilities and give us your thoughts and ideas about them.
- Give us your thoughts and ideas about any of the rules of your health care plan and in the way your plan works.
- Make a complaint or file an appeal about:
  - Your health care plan
  - Any care you get
  - Any covered service or benefit ruling that your health care plan makes
- Say no to any care, for any condition, sickness or disease, without it affecting any care you may get in the future; and the right to have your doctor tell you how that may affect your health now and in the future
- Participate in matters that deal with the company policies and operations.
- Get all of the most up-to-date information about the cause of your illness, your treatment and what may result from that illness or treatment from a doctor or other health care professional. When it seems that you will not be able to understand certain information, that information will be given to someone else that you choose.
- Get help at any time, by contacting your local insurance department.
Your rights and responsibilities as a member (continued)

You have the responsibility to:

- Choose any primary care physician (doctor), also called a PCP, who is in our network if your health care plan says that you to have a PCP.
- Treat all doctors, health care professionals and staff with courtesy and respect.
- Keep all scheduled appointments with your health care providers and call their office if you have a delay or need to cancel.
- Read and understand, to the best of your ability, all information about your health benefits or ask for help if you need it.
- To the extent possible, understand your health problems and work with your doctors or other health care professionals to make a treatment plan that you all agree on.
- Follow the care plan that you have agreed on with your doctors or health care professionals.
- Tell your doctors or other health care professionals if you don’t understand any care you’re getting or what they want you to do as part of your care plan.
- Follow all health care plan rules and policies.
- Let our Customer Service department know if you have any changes to your name, address or family members covered under your plan.
- Give us, your doctors and other health care professionals the information needed to help you get the best possible care and all the benefits you are entitled to. This may include information about other health care plans and insurance benefits you have in addition to your coverage with us.

For details about your coverage and benefits, please read your “Subscriber Agreement”.
Important legal information you should take time to read

Women's Health and Cancer Rights Act of 1998

The Women's Health and Cancer Rights Act explains your rights for treatment under the health plans if you need a mastectomy. Plain and simple ... we’re here for you.

If you ever need a benefit-covered mastectomy, we hope it will give you some peace of mind to know that your Anthem Blue Cross and Blue Shield benefits comply with the Women’s Health and Cancer Rights Act of 1998, which provides for:

- Reconstruction of the breast(s) that underwent a covered mastectomy.
- Surgery and reconstruction of the other breast to restore a symmetrical appearance.
- Prostheses and coverage for physical complications related to all stages of a covered mastectomy, including lymphedema.
- All applicable benefit provisions will apply, including existing deductibles, copayments and/or coinsurance.

HIPAA NOTICE OF PRIVACY PRACTICES

This notice describes how health, vision and dental information about you may be used and disclosed, and how you can get access to this information with regard to your health benefits. Please review it carefully.

We keep the health and financial information of our current and former members private, as required by law, accreditation standards and our rules. This notice explains your rights. It also explains our legal duties and privacy practices. We are required by federal law to give you this notice.

Your Protected Health Information

We may collect, use, and share your Protected Health Information (PHI) for the following reasons and others as allowed or required by law, including the HIPAA Privacy rule:

For Payment: We use and share PHI to manage your account or benefits; or to pay claims for health care you get through your plan. For example, we keep information about your premium and deductible payments. We may give information to a doctor's office to confirm your benefits.

For Health Care Operations: We use and share PHI for our health care operations. For example, we may use PHI to review the quality of care and services you get. We may also use PHI to provide you with case management or care coordination services for conditions like asthma, diabetes, or traumatic injury.

For Treatment Activities: We do not provide treatment. This is the role of a health care provider such as your doctor or a hospital. But, we may share PHI with your health care provider so that the provider may treat you.

To You: We must give you access to your own PHI. We may also contact you to let you know about treatment options or other health-related benefits and services. When you or your dependents reach a certain age, we may tell you about other products or programs for which
Important legal information you should take time to read (continued)

you may be eligible. This may include individual coverage. We may also send you reminders about routine medical checkups and tests.

To Others: In most cases, if we use or disclose your PHI outside of treatment, payment, operations or research activities, we must get your OK in writing first. We must receive your written OK before we can use your PHI for certain marketing activities. We must get your written OK before we sell your PHI. If we have them, we must get your OK before we disclose your provider’s psychotherapy notes. Other uses and disclosures of your PHI not mentioned in this notice may also require your written OK. You always have the right to revoke any written OK you provide. You may tell us in writing that it is OK for us to give your PHI to someone else for any reason. Also, if you are present and tell us it is OK, we may give your PHI to a family member, friend or other person. We would do this if it has to do with your current treatment or payment for your treatment. If you are not present, if it is an emergency, or you are not able to tell us it is OK, we may give your PHI to a family member, friend or other person if sharing your PHI is in your best interest.

As Allowed or Required by Law: We may also share your PHI, as allowed by federal law, for many types of activities. PHI can be shared for health oversight activities. It can also be shared for judicial or administrative proceedings, with public health authorities, for law enforcement reasons, and to coroners, funeral directors or medical examiners (about decedents). PHI can also be shared for certain reasons with organ donation groups, for research, and to avoid a serious threat to health or safety. It can be shared for special government functions, for workers’ compensation, to respond to requests from the U.S. Department of Health and Human Services and to alert proper authorities if we reasonably believe that you may be a victim of abuse, neglect, domestic violence or other crimes. PHI can also be shared as required by law.

If you are enrolled with us through an employer sponsored group health plan, we may share PHI with your group health plan. We and/or your group health plan may share PHI with the sponsor of the plan. Plan sponsors that receive PHI are required by law to have controls in place to keep it from being used for reasons that are not proper. If your employer pays your premium or part of your premium, but does not pay your health insurance claims, your employer is not allowed to receive your PHI — unless your employer promises to protect your PHI and makes sure the PHI will be used for legal reasons only.

Authorization: We will get an OK from you in writing before we use or share your PHI for any other purpose not stated in this notice. You may take away this OK at any time, in writing. We will then stop using your PHI for that purpose. But, if we have already used or shared your PHI based on your OK, we cannot undo any actions we took before you told us to stop.

Genetic Information: We cannot use or disclose PHI that is an individual’s genetic information for underwriting.

Your Rights

Under federal law, you have the right to:

- Send us a written request to see or get a copy of certain PHI or ask that we correct your PHI that you believe is missing or incorrect. If someone else (such as your doctor) gave us the PHI, we will let you know so you can ask them to correct it.
Important legal information you should take time to read (continued)

- Send us a written request to ask us not to use your PHI for treatment, payment or health care operations activities. We are not required to agree to these requests.
- Give us a verbal or written request to ask us to send your PHI using other means that are reasonable. Also let us know if you want us to send your PHI to an address other than your home if sending it to your home could place you in danger.
- Send us a written request to ask us for a list of certain disclosures of your PHI.
- Right to a restriction for services you pay for out of your own pocket: If you pay in full for any medical services out of your own pocket, you have the right to ask for a restriction. The restriction would prevent the use or disclosure of that PHI for treatment, payment or operations reasons. If you or your provider submits a claim to Anthem, Anthem does not have to agree to a restriction (see Your Rights section above). If a law requires the disclosure, Anthem does not have to agree to your restriction.

Call Customer Service at the phone number printed on your identification (ID) card to use any of these rights. They can give you the address to send the request. They can also give you any forms we have that may help you with this process.

How we protect information

We are dedicated to protecting your PHI. We set up a number of policies and practices to help make sure your PHI is kept secure. We have to keep your PHI private. If we believe your PHI has been breached, we must let you know.

We keep your oral, written, and electronic PHI safe using physical, electronic, and procedural means. These safeguards follow federal and state laws. Some of the ways we keep your PHI safe include offices that are kept secure, computers that need passwords, and locked storage areas and filing cabinets. We require our employees to protect PHI through written policies and procedures. The policies limit access to PHI to only those employees who need the data to do their job. Employees are also required to wear ID badges to help keep people, who do not belong, out of areas where sensitive data is kept. Also, where required by law, our affiliates and non-affiliates must protect the privacy of data we share in the normal course of business. They are not allowed to give PHI to others without your written OK, except as allowed by law.

Potential Impact of Other Applicable Laws

HIPAA (the federal privacy law) generally does not preempt, or override other laws that give people greater privacy protections. As a result, if any state or federal privacy law requires us to provide you with more privacy protections, then we must also follow that law in addition to HIPAA.

Complaints

If you think we have not protected your privacy, you can file a complaint with us. You may also file a complaint with the Office for Civil Rights in the U.S. Department of Health and Human Services. We will not take action against you for filing a complaint.
Important legal information you should take time to read

Contact Information

Please call Customer Service at the phone number printed on your ID card. They can help you apply your rights, file a complaint, or talk with you about privacy issues.

Copies and Changes

You have the right to get a new copy of this notice at any time. Even if you have agreed to get this notice by electronic means, you still have the right to a paper copy. We reserve the right to change this notice. A revised notice will apply to PHI we already have about you as well as any PHI we may get in the future. We are required by law to follow the privacy notice that is in effect at this time. We may tell you about any changes to our notice in a number of ways. We may tell you about the changes in a member newsletter or post them on our website. We may also mail you a letter that tells you about any changes.

Effective Date of this Notice

The original effective date of this Notice was April 14, 2003. The most recent revision date is indicated in the footer of this 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.

This Notice is provided by the following company: Anthem Blue Cross and Blue Shield

STATE NOTICE OF PRIVACY PRACTICES

As we told you in our HIPAA notice, we must follow state laws that are more strict than the federal HIPAA privacy law. This notice explains your rights and our legal duties under state law.

Your Personal Information

We may collect, use and share your nonpublic personal information (PI) as described in this notice.

We may collect PI about you from other persons or entities such as doctors, hospitals, or other carriers.

We may share PI with persons or entities outside of our company without your OK in some cases.

If we take part in an activity that would require us to give you a chance to opt-out, we will contact you. We will tell you how you can let us know that you do not want us to use or share your PI for a given activity.

You have the right to access and correct your PI.
Important legal information you should take time to read (continued)

Because PI is defined as any information that can be used to make judgements about your health, finances, character, habits, hobbies, reputation, career and credit, we take reasonable safety measures to protect the PI we have about you.

A more detailed state notice is available upon request. Please call the phone number printed on your ID card.

Si necesita ayuda en espanol para entender este documento, puede solicitarla sin costo adicional, llamando al numero de servicio al cliente que aparece al dorso de su tarjeta de identificacion o en el folleto de inscripcion.
Once you’re a member, it’s easy to get answers to any questions about your plan.

Just call the number on the back of your member identification (ID) card after you get it.