Ready to choose your benefits?

We can point you in the right direction.

CEBCO Ashland County
Effective January 1, 2018
Let's take a look

We know picking a health plan is a big deal, so this guide makes it easier for you to understand your benefit options. We’ll explain how the plan works and give you other important details. That way you can enroll with confidence!

In this guide, you'll find:

- Your health care basics
- How to use your health plan
- What you’ll pay when you need care
- Health and wellness programs
- Your privacy and rights

Pay a visit to anthem.com to get an idea of what you can do once you’re a member. Find a doctor, estimate care costs, sign up to get emails instead of mail and much more!
Know your health care basics
Learn about the kinds of costs you’ll share with your plan

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

You pay your deductible.
This is a set amount that you pay before we start sharing in the cost of the covered health care you receive. If your plan has copays (flat fees like $30 for each visit) along with a deductible, you only need to pay the copay for most doctor visits.

What happens after I pay my deductible?
You pay a copay or a percentage of the cost, also called coinsurance, each time you get care and then your plan covers the rest.

What's an out-of-pocket limit?
Each year, there’s a maximum amount you can pay out of your own pocket for covered services — that’s your out-of-pocket limit. Once you’ve reached that limit — it varies by plan — we cover the rest. With some plans, you still have copays even after you reach your out-of-pocket limit.

What about the money for the plan that gets taken out of my paycheck?
That’s what you pay for the plan. Think of it like a membership fee. It’s separate from what you pay when you get care.
Using your health plan
How to get started with your plan and make the best of your benefits

Choose a doctor in your plan
Avoid getting care from doctors outside of your plan; it will cost you more or your plan may not cover it at all. We’ve made it easy for you to find doctors in your plan. Just use our Find a Doctor tool on anthem.com to look for a primary care doctor, hospitals, labs and other health care professionals in your plan.

Get your ID card
After you enroll in a plan, you can access your mobile ID card on the Anthem Anywhere mobile app. It’s like your passport to care since you’ll need to show it whenever you go to the doctor.

Anthem.com
No matter which plan you choose, you can register at anthem.com or on the Anthem Anywhere mobile app to get personalized information about your health plan. Use the self-service tools to:

- Find a doctor.
- Estimate your costs, before you step into the doctor’s office.
- Set up your communication preferences to receive important information electronically, instead of by mail.

Learn more at anthem.com/guidedtour.

Preventive care is covered at no extra cost
Preventive care from a doctor in your plan is covered at 100%. Getting these regular checkups, screenings and shots can help you stay healthy and catch problems early – when they’re easier to treat. So, talk to your doctor about what preventive care you may need to protect your health.

Save emergency room visits for emergencies only
Knowing where to go for care saves you time and money. So if you have a real emergency, head straight to the ER or call 911. Otherwise, visit your regular doctor or an urgent care center for minor medical issues.

We’re here for you
When you become a member, you can get your questions answered in the way that works best for you.

- By phone: Call the Member Services number on your mobile ID card.
- Online: Register at anthem.com or download the Anthem Anywhere mobile app to chat with a team member.

Done driving to the doctor? Hey there, Live Health Online!
You can visit a board-certified doctor 24/7 for simple things like the cold, flu, allergies and more with no appointments and no waiting room. All you need is the LiveHealth Online mobile app or a computer with a webcam to have a video visit with a doctor.* LiveHealth Online costs as little as an office visit or at most $49. Learn more at livehealthonline.com.

*Prescription availability is defined by physician judgment and state regulations. LiveHealth Online is available in most states and is expected to expand in the near future. Visit livehealthonline.com to view the service map by state.
What you’ll pay when you need care

Understanding how your plan works, what it covers and what you may be responsible for helps you avoid surprises.¹

<table>
<thead>
<tr>
<th>Plan 2D PPO</th>
<th>Doctors in the plan</th>
<th>Doctors out of the plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Deducible</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$800</td>
<td>$1,600</td>
</tr>
<tr>
<td>Family</td>
<td>$1,600</td>
<td>$3,200</td>
</tr>
<tr>
<td>Office visits</td>
<td>$20/$40</td>
<td>50%</td>
</tr>
<tr>
<td>Doctor/specialist</td>
<td>$20/$40</td>
<td></td>
</tr>
<tr>
<td>Out-of-pocket limit</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Single</td>
<td>$3,200</td>
<td>$6,400</td>
</tr>
<tr>
<td>Family</td>
<td>$6,400</td>
<td>$12,800</td>
</tr>
<tr>
<td>Helpful information</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

- Access to 96% of hospitals and 92% of doctors nationwide.
- Chart lists coverage for lowest tier only

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

2 Blue Cross and Blue Shield Association: bcbs.com/about-the-association.

Estimate your share of costs before you get care – look up common procedures on anthem.com when you become a member.
Health and wellness programs support you along the way

Your plan goes way beyond covering doctor visits

We can help you reach your health goals and save money on healthy products and services. Once you’re a member, you can access these programs and tools on anthem.com or by calling the Member Services number on your mobile ID card.

24/7 NurseLine — Our registered nurses can answer your health questions wherever you are — any time, day or night. All you have to do is call.

Anthem Imaging Shopper — If your doctor says you need a CT scan or MRI, we can work with you and your doctor to help find a high-quality, low-cost facility in your area. And we can even help schedule your appointment.

Behavioral Health Resource — if you're stressed and not feeling like yourself, you can work with licensed mental health professionals, who are available 24/7, to help you feel better.

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

Enhanced Personal Health Care — This program supports you with main doctors who are real partners in your care. They get to know you and your history and get you the care you need when you need it, even after hours, by connecting you with specialists and other services.

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

Health Assessment — Once you’re a member, you’ll have access to a Health Assessment on anthem.com. Answer a few questions and you’ll get a health score with personalized tips on how to reach your healthy best.

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

Site of Service — If your plan includes Site of Service, you can get high-quality care for less money when you choose an independent X-ray lab or outpatient surgery center from your plan.
Your plan details

In this next section, you’ll find more information about your plan.
### CEBCO Standard Plan 2D Ashland County

**Blue Access℠ (PPO)**

**Summary of Benefits**

**Effective 01/01/2018**

#### Covered Benefits

<table>
<thead>
<tr>
<th>Covered Benefits</th>
<th>Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Deductible (Single/Family)</strong></td>
<td>$800/$1,600</td>
<td>$1,600/$3,200</td>
</tr>
<tr>
<td><strong>Out-of-Pocket Limit (Single/Family)</strong></td>
<td>$3,200/$6,400</td>
<td>$6,400/$12,800</td>
</tr>
</tbody>
</table>

#### Physician Home and Office Services (PCP/SCP)

Primary Care Physician (PCP)/Specialty Care Physician (SCP)

Including Office Surgeries and allergy serum:

- allergy injections (PCP and SCP)
- allergy testing
- routine and non-routine mammograms
  (regardless of outpatient setting)
- diabetc education (regardless of outpatient setting)
- certain medical nutritional therapy
  (regardless of outpatient setting)
- MRAs, MRIs, PETS, C-Scans, Nuclear Cardiology Imaging
  Studies and non-maternity related Ultrasounds
- LiveHealth Online (Telehealth) Medical visits

#### Preventive Care Services

Services include but are not limited to:

- Routine Exams, Pelvic Exams, Pap testing, PSA tests,
  Immuntzations¹, Annual diabetic eye exam, Routine Vision
  and Hearing exams
- Physician Home and Office Visits (PCP/SCP)
- Other Outpatient Services @ Hospital/Alternative Care Facility

<table>
<thead>
<tr>
<th>Services</th>
<th>Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>No copayment/coinsurance</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>No copayment/coinsurance</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>No copayment/coinsurance</td>
<td>Not Covered</td>
<td>Not Covered</td>
</tr>
<tr>
<td>No copayment/coinsurance</td>
<td>50%</td>
<td>50%</td>
</tr>
<tr>
<td>No copayment/coinsurance</td>
<td>Not applicable</td>
<td>Not applicable</td>
</tr>
<tr>
<td>No copayment/coinsurance</td>
<td>25%</td>
<td>25%</td>
</tr>
<tr>
<td>No copayment/coinsurance</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>No copayment/coinsurance</td>
<td>15%</td>
<td>15%</td>
</tr>
<tr>
<td>Not applicable</td>
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<td>Not applicable</td>
</tr>
<tr>
<td>Not applicable</td>
<td>50%</td>
<td>50%</td>
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</tbody>
</table>

#### Emergency (ER)² and Urgent Care

<table>
<thead>
<tr>
<th>Services</th>
<th>Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>Emergency Room Services @ Hospital (facility/other covered services) (copayment waived if admitted)</td>
<td>$250</td>
<td>$250</td>
</tr>
<tr>
<td>Urgent Care Center Services</td>
<td>$50</td>
<td>$50</td>
</tr>
</tbody>
</table>

#### Inpatient and Outpatient Professional Services

Include but are not limited to:

- Medical Care visits (1 per day), Intensive Medical Care,
  Concurrent Care, Consultations, Surgery and administration
  of general anesthesia and Newborn exams
- For certain surgeries, facilities with BDC+ distinction (knee/hip
  replacement, cardiac and spine)³

<table>
<thead>
<tr>
<th>Services</th>
<th>Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>25%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>15%</td>
<td>Not applicable</td>
<td></td>
</tr>
<tr>
<td>15%</td>
<td>Not applicable</td>
<td></td>
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</tbody>
</table>

#### Inpatient Facility Services

Unlimited days except for:

- 60 days Network/Non-Network combined for physical medicine/rehab (limit includes Day Rehabilitation Therapy
  Services on an outpatient basis)
- 90 days Network/Non-Network combined for skilled nursing facility
- For certain surgeries, facilities with BDC+ distinction (knee/hip
  replacement, cardiac and spine)³

<table>
<thead>
<tr>
<th>Services</th>
<th>Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>25%</td>
<td>50%</td>
<td></td>
</tr>
<tr>
<td>15%</td>
<td>Not applicable</td>
<td></td>
</tr>
</tbody>
</table>

#### Outpatient Surgery Hospital/Alternative Care Facility

- Surgery and administration of general anesthesia

<table>
<thead>
<tr>
<th>Services</th>
<th>Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td>25%</td>
<td>50%</td>
<td></td>
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</table>

#### Other Outpatient Services (including but not limited to):

- Non Surgical Outpatient Services for example: MRIs,
  C-Scans, Chemotherapy, Ultrasounds, and other diagnostic
  outpatient services.
- Home Care Services (Network/Non-network combined)
  90 visits (excludes IV Therapy)
- Durable Medical Equipment, Orthotics and Prosthetic Devices
- Physical Medicine Therapy Day Rehabilitation programs
- Hospice Care
- Ambulance Services

<table>
<thead>
<tr>
<th>Services</th>
<th>Network</th>
<th>Non-Network</th>
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</thead>
<tbody>
<tr>
<td>25%</td>
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<td>25%</td>
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<tr>
<td>25%</td>
<td>25%</td>
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</tbody>
</table>
Covered Benefits

<table>
<thead>
<tr>
<th>Outpatient Therapy Services</th>
<th>Network</th>
<th>Non-Network</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>(Combined Network &amp; Non-Network limits apply)</strong></td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Physician Home and Office Visits (PCP/SCP)</td>
<td>$20/$40</td>
<td>50%</td>
</tr>
<tr>
<td>• Other Outpatient Services @ Hospital/Alternative Care Facility</td>
<td>25%</td>
<td>50%</td>
</tr>
<tr>
<td>Limits apply to: Physical Medicine Therapy Limits, Outpatient Therapy</td>
<td></td>
<td></td>
</tr>
<tr>
<td>(Excludes Autism Spectrum Disorder) (Network and Non-Network combined):</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Physical therapy: 30 visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Occupational therapy: 30 visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Manipulation therapy: 12 visits</td>
<td></td>
<td></td>
</tr>
<tr>
<td>• Speech therapy: 20 visits</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Behavioral Health Services:

**Mental Health and Substance Abuse**

| Inpatient Facility Services | 25% | 50% |
| Inpatient Professional Services | 25% | 50% |
| Physician Home and Office Visits (PCP/SCP) | $20 | 50% |
| Other Outpatient Services @ Hospital/Alternative Care Facility | 25% | 50% |

*These benefits have been tested and are compliant with Federal Mental Health Parity legislation.*

**Human Organ and Tissue Transplants**

- Acquisition and transplant procedures, harvest and storage.

**Prescription Drugs**

- Through ESI/RxOC
  - Covered under separate plan

<table>
<thead>
<tr>
<th>Notes:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• All medical deductibles, copayments, and coinsurance apply toward the out-of-pocket (excluding Prescription Drug cost share options and Non-network Human Organ and Tissue Transplant (HOTT) Services).</td>
</tr>
<tr>
<td>• Deductible(s) apply only to covered medical services listed with a percentage (%) coinsurance. However, the deductible does not apply to Emergency Room Services @ Hospital where a percentage (%) coinsurance applies to other covered services.</td>
</tr>
<tr>
<td>• Network and Non-network deductibles, copayments, coinsurance and out-of-pocket maximums are separate and do not accumulate toward each other.</td>
</tr>
<tr>
<td>• Dependent Age: to end of the month which the child attains age 26.</td>
</tr>
<tr>
<td>• Specialist copayment is applicable to all Specialists excluding General Physicians, Internist, Pediatricians, OB/GYN’s and Geriatrics or any other Network Provider as allowed by the plan.</td>
</tr>
<tr>
<td>• Physicians Home and office visit copayment also applies if the office visit is billed with allergy injections.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• 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.</td>
</tr>
<tr>
<td>• SCP is a Network Provider, other than a Primary Care Physician, who provides services within a designated specialty area of practice.</td>
</tr>
<tr>
<td>• Benefit period = calendar year</td>
</tr>
<tr>
<td>• Private Duty Nursing limited to 82 visits/calendar year and 164 visits/lifetime</td>
</tr>
</tbody>
</table>

*These covered services are not subject to the deductible/copayment if you have a flat dollar copayment and if rendered without an office visit.
*We encourage you to contact Our Mental Health Subcontractor to assure the use of appropriate procedures, setting and medical necessity. Refer to Schedule of Benefits for limitations.
*Kidney and Cornea are treated the same as any other illness and subject to the medical benefits.
*Blue Distinction Total Care+ (BDC+) facilities can be found on [www.anthem.com](http://www.anthem.com), provider directory under Hospitals. Network benefits, facility and professional, will be paid at a higher level when knee/hip replacements, cardiac PCI and CBG surgeries and spine surgeries including discectomy, fusion and decompression procedures are performed at these facilities. |

Benefits may be denied for certain avoidable Emergency Room visits. See your certificate of benefits for details.

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.

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.
When it’s not a true emergency, choosing the best place to get care could save you $585 per visit* on average as compared to the cost of going to the ER!

Did you know that when you need care right away but it’s not a true emergency, you can get the best care and save time and money by choosing the right place? When you or a family member is sick or hurt, your main concern is getting care as soon as possible. Your first impulse may be to go to the emergency room (ER). But the ER may not always be the best choice, and it’s typically the most costly choice. You may end up in the waiting room for hours and pay more for care.

**Save the ER for true emergencies**
To help curtail the misuse of emergency room services for non-emergency treatment, beginning January 1, 2018, we will enforce the policy that is already in your plan’s certificate of coverage that states that your insurance will not cover services provided in an emergency room to those age 15 or older for conditions that do not require emergency care (such as the treatment of minor ailments like the common cold, sore throat, constipation, and poison ivy, and for things like ear wax removal, routine pregnancy tests, etc.) when more appropriate care options were readily available within 15 miles. You will be responsible for the non-covered charges*.

So if it’s not a true emergency, call your doctor to make an appointment or see if your doctor can give you advice by phone. If that isn’t possible, you can call the 24/7 NurseLine phone number printed on the back of your Anthem ID card for advice any time, day or night, at no cost. Or have a virtual doctor visit within minutes any time, from anywhere using your smartphone, tablet, or computer’s webcam at [LiveHealthOnline.com](http://LiveHealthOnline.com). Accessing care options like those listed below could save you $585 per visit* on average as compared to the cost of going to the ER:

<table>
<thead>
<tr>
<th>Type of facility</th>
<th>Who usually provides care?</th>
<th>What do they treat?</th>
<th>When are they open?</th>
<th>Cost? ¹(^1) Benefits vary by plan type, yet generally feature:</th>
</tr>
</thead>
<tbody>
<tr>
<td>Your doctor, or a walk-in doctor’s office</td>
<td>Family practice doctor</td>
<td>Routine care and common illnesses such as mild asthma, nausea, minor burns, rash, eye or ear pain, back pain, etc.</td>
<td>Hours vary; Many Enhanced Personal Health Care doctors (listed as “EPHC” in our directory) offer later appointments and same-day scheduling for urgent care</td>
<td>$15-$40 copay plus coinsurance if applicable</td>
</tr>
<tr>
<td>Urgent care facility</td>
<td>Internal medicine, family practice</td>
<td>Conditions that should be looked at right away, but aren’t emergencies – e.g., sprains and strains, minor allergic reactions, UTIs, fever, X-rays, stitches, etc.</td>
<td>Often have extended hours, including weekends and evenings</td>
<td>$20-$75 copay plus coinsurance if applicable</td>
</tr>
<tr>
<td>Retail health clinic (often located in pharmacies and grocery stores)</td>
<td>Physician assistant or nurse practitioner</td>
<td>Basic healthcare services such as a cough, cold, sore throat, rash, minor fever, etc.</td>
<td>Usually the same hours as the pharmacy or store where they are located</td>
<td>$15-$40 copay plus coinsurance if applicable</td>
</tr>
<tr>
<td>LiveHealth Online – See a doctor via live, two-way video on your smartphone, tablet or computer</td>
<td>Board-certified doctor</td>
<td>Basic healthcare services such as a cough, cold, flu, rash, sinus infection, sore throat, urinary tract infection, etc.</td>
<td>24 hours a day, 7 days a week via the free Apple or Android app or at <a href="http://LiveHealthOnline.com">LiveHealthOnline.com</a></td>
<td>$0 for CEBCO PPO plans; $49 or less for HSA plans</td>
</tr>
</tbody>
</table>

*Some exceptions (such as care provided on major holidays or Sundays) may apply. Call Member Services with questions.

¹Average estimated savings. Your savings will vary based on your plan.
When to use the ER
Always call 911 or go the ER if you think you could put your health at serious risk by delaying care, if your doctor tells you to go to the ER immediately, or if you have:

- Any life-threatening or disabling condition
- Sudden or unexplained loss of consciousness
- Chest pain; numbness in the face, arm or leg; difficulty speaking
- Shortness of breath
- High fever with stiff neck, mental confusion, or difficulty breathing
- Coughing up or vomiting blood
- Cut or wound that won’t stop bleeding
- Major injuries or possible broken bones

What’s the difference between an urgent care center and the ER?

Urgent care center:
- Facility’s sign will say “urgent care”
- Staffed by physicians, nurse practitioners, registered nurses, and ancillary personnel
- Specializes in minor emergencies and are designed to treat minor medical conditions
- Most often provides basic laboratory and radiology services
- Care is received much more quickly than in an ER, where life-threatening conditions are treated first and less serious conditions are treated as the ER doctors’ time permits
- Costs a fraction of what treatment for the same condition would cost in the ER
- Urgent care physicians will make referrals for specialty or emergency care as needed

Emergency room (ER):
- Sign will say “emergency room” or “emergency department”
- Specializes in managing catastrophic illnesses and injuries that threaten life or limb
- Main focus is stabilization and transfer to the next level of care
- Provides laboratory and radiology services
- Most appropriate level of care for the potentially life-threatening symptoms listed above
- Costly due to availability of highly sophisticated and intensive care

How to find a doctor, urgent care center, or retail health clinic
Download the Anthem app on your smartphone and click “Find a Doctor” to locate nearby doctors and health care facilities and get driving directions. Or go to anthem.com and click “Find a Doctor”. In the drop-down box below “I’m looking for a”, select “Urgent Care” or “Retail Health Clinic”. Enter your location to find a health care provider nearby.

No Internet access? Call the Member Services or the 24/7 NurseLine phone number listed on the back of your Anthem ID card.

For more information about places where you can get care when it’s not a true emergency, see anthem.com/what-to-know. There you will also find:

- A helpful list of things to know when visiting your doctor
- Preventive care (health screening and vaccine) recommendations tailored to your gender and age

SET PREPARED NOW

Set up your LiveHealth Online login now!
It’s a great idea to go ahead and register now at www.LiveHealthOnline.com and download the LiveHealthOnline.com app on your smartphone and/or tablet so you’re all set up and ready to have a video visit with a LiveHealth Online doctor within mere minutes the next time you’re sick. An online visit with a doctor from the comfort of your home, hotel room, dorm room, vehicle, or office is a wonderful convenience and time saver when you’re not feeling well – particularly after hours and on holidays.

Carry your Anthem ID card with you – on your smartphone.
Also be sure to download the Anthem app on your smartphone for quick access to the Find a Doctor tool, a summary of your recent claims, remaining deductible, and out-of-pocket amounts, and to view and share your Anthem ID card.

The newly updated app also enables those with applicable devices to log in using Touch ID (i.e., your fingerprint).
The Blue Distinction Specialty Care program helps you find a hospital that’s recognized for excellent care, with faster recovery times and lower costs. When you have surgery or a major procedure, you want this level of service. And finding the right hospital is simpler when you have access to Blue Distinction Centers and Blue Distinction Centers+. Why? Because these hospitals:

- Are known for the expertise of their health care team.
- Have done certain procedures more times than other hospitals.
- Have a proven history of providing better treatment results with fewer complications than other health care facilities.

In addition to these great features, Blue Distinction Centers+ are recognized for offering greater savings. Blue Distinction Centers+ are about 19% more cost-efficient than other hospitals for cardiac care, spine surgery, knee and hip replacement.

You deserve a higher standard of care, the kind you get from Blue Distinction Centers and Blue Distinction Centers+. That's because they've met strict standards created by expert doctors and health care groups. These standards include better treatment results and fewer complications and re-admissions than other hospitals. With more than 2,800 Blue Distinction Centers across the country, featuring more than 3,500 programs, quality care is never far away.
Blue Distinction Centers and Blue Distinction Centers+
specialty areas

Cardiac care
These centers offer complete cardiac care services, including:
- Inpatient care
- Heart valve surgery
- Coronary artery bypass graft surgery
- Angioplasty (percutaneous coronary intervention)

Members who use Blue Distinction Centers for cardiac care have a 29% lower risk of inappropriate angioplasties than those who don’t use Blue Distinction Centers.*

Knee and hip replacement
These centers offer comprehensive inpatient knee-and-hip replacement services, including total knee replacement and total hip replacement.

Members who use Blue Distinction Centers for knee and hip replacement have 4% fewer re-admissions and 7% fewer complications than those who don’t use Blue Distinction Centers.*

Spine surgery
These centers offer complete inpatient spine surgery services, including:
- Discectomy
- Fusion
- Decompression procedures

Members who use Blue Distinction Centers for spine surgery have 38% fewer lumbar re-admissions, 24% fewer cervical re-admissions and 47% fewer re-operations than those who don’t use Blue Distinction Centers.*

Find Blue Distinction Centers and Blue Distinction Centers+ in minutes:
1. Log in to anthem.com.
2. Choose Find a Doctor.
3. Under I’m looking for a, pick Hospitals and Facilities.
4. From the Who specializes in list, choose General/Acute Care Hospitals. Be sure to include the location.
5. Choose Search. If a facility listed is a Blue Distinction Center, you’ll find a Blue Distinction mark in the Quality Snapshot next to the facility name.

*Blue Cross and Blue Shield Association, 2016

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Simple. Convenient. Smart.

anthem.com at your service when you need it!

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

Find a doctor
Look for doctors in your plan and save on care.

Check your claims
See what’s covered and what you owe for care.

Get your medication
Refill your prescriptions online.

Get discounts
Save on health-related products and services.

Estimate your costs
Compare costs and quality for common procedures.

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

You can do more in less time — just log in at anthem.com.

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

Immunizations:
- Diphtheria, tetanus and pertussis (whooping cough)
- Haemophilus influenzae type b (Hib)
- Hepatitis A and Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)

Women’s preventive care
- Well-woman visits
- Breast cancer, including exam, mammogram, and genetic testing for BRCA 1 and BRCA 2 when certain criteria are met
- 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
- Lung cancer screening for those ages 55-80 who have a history of smoking 30 packs per year and still smoke, or quit within the past 15 years
- 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
- Measles, mumps and rubella (MMR)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles) for those 60 years and older

**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

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1. The range of preventive care services covered at no cost share when provided in-network are designed to meet the requirements of federal and state law. The Department of Health and Human Services has defined the preventive services to be covered under federal law with no cost share as those services described in the U.S. Preventive Services Task Force A and B recommendations, the Advisory Committee on Immunization Practices (ACIP) of the Centers for Disease Control and Prevention (CDC), and certain guidelines for infants, children, adolescents and women supported by the Health Resources and Services Administration (HRSA) Guidelines. You may have additional coverage under your insurance policy. To learn more about what your plan covers, see your Certificate of Coverage or call the Customer Care number on your ID card.
2. Some plans cover additional vision services. Please see your contract or Certificate of Coverage for details.
3. Check your medical policy for details.
4. Breast pumps and supplies must be purchased from an in-network medical provider for 100% coverage; we recommend using an in-network durable medical equipment (DME) supplier.
5. This benefit also applies to those younger than 19.
6. Counseling services for breast-feeding (lactation) can be provided or supported by an in-network (participating) provider such as a pediatrician, ob-gyn, family medicine doctor, and hospitals with no member cost-share expense (deductible, copay, coinsurance). Contact the provider to determine if lactation counseling services are available.
7. You may be required to get prior authorization for these services.

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With LiveHealth Online, you get:

- Immediate, 24/7 access to board-certified doctors.
- Secure and private video chats with your choice of doctor.
- Prescriptions that can be sent to your pharmacy, if needed.

The next time you or someone in your family needs to see a doctor, use LiveHealth Online. See a doctor with a smartphone or tablet using our free app, or a computer with a webcam.¹

With LiveHealth Online, you get:

- Immediate, 24/7 access to board-certified doctors.
- Secure and private video chats with your choice of doctor.
- Prescriptions that can be sent to your pharmacy, if needed.

Your LiveHealth Online member cost share for Medical visits will be $0 for PPO plans (NOTE: This does not apply to HSA plans, although Medical LiveHealth Online visits are only $49).
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. 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. 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.

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**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. 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™ or the App Store™.
How does Enhanced Personal Health Care work?

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

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

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

Why do you need a PCP?

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

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

Who is a PCP?

There are different kinds of PCPs:

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

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

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

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

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

An Enhanced Personal Health Care PCP:

- Gives you care that doesn’t just treat an illness; it also helps prevent it. Your PCP wants you to get healthy and stay that way. And that includes making sure there are no gaps in your care. Things like, did you get the treatment you were supposed to have? Do you need your yearly exam? Are you overdue to have your eye exam?

- Gives you personalized care that helps you get the care you need. Your PCP helps set up any appointments with specialists and follows up with those doctors to make sure you get the care that’s right for you.

- Is a real partner in your health. Your PCP wants to get to know you and answer your questions. We provide support and resources to help with that.

- Offers lots of ways you can get care. There’s more to your care than an office visit. You may be able to use online access for Web visits or see your doctor during extended office hours.

Enhanced Personal Health Care won’t work without you

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

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

What does all of this mean for you?

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

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

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You’re on the go — and so are we

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

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

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

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

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

Download the Anthem Anywhere app today.
Together we can make healthy happen.
Let's talk about your privacy and rights
Safeguarding your information

As a member, you have the right to expect us to protect the privacy of your personal health information. We do this according to state and federal laws, and our policies. You also have certain rights and responsibilities when receiving your health care.

To learn more about how we protect your privacy, your rights and responsibilities when receiving health care and your rights under the Women's Health and Cancer Rights Act, go to www.anthem.com/memberrights. To ask for 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). Doctors and pharmacists who want to be sure you get the best treatments for certain health conditions make up Anthem’s UM team. They review the information your doctor sends us. These reviews can be done before, during or after your treatment. We also use case managers. They're licensed health care professionals who work with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

To learn more detailed information 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.

Special Enrollment Rights

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

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

- **If you have a new dependent.** You gain new dependents from a life event like marriage, birth, adoption or if you have custody of a minor and an adoption is pending. You must enroll within 31 days after the event. For example: If you got married, your new spouse and any new children may be able to enroll in a plan.

- **If your eligibility for Medicaid or SCHIP changes.** You have a special period of 60 days to enroll after:
  — You (or your eligible dependents) lose Medicaid or SCHIP coverage because you’re no longer eligible.
  — You (or eligible dependents) become eligible to get help from Medicaid or SCHIP for paying part of the cost.
Ready to enroll?

Here’s how:

Stay tuned, your Benefits Administrator or Human Resources Representative will contact you soon with specific enrollment instructions for your organization. Then just follow those steps to join one of our plans.