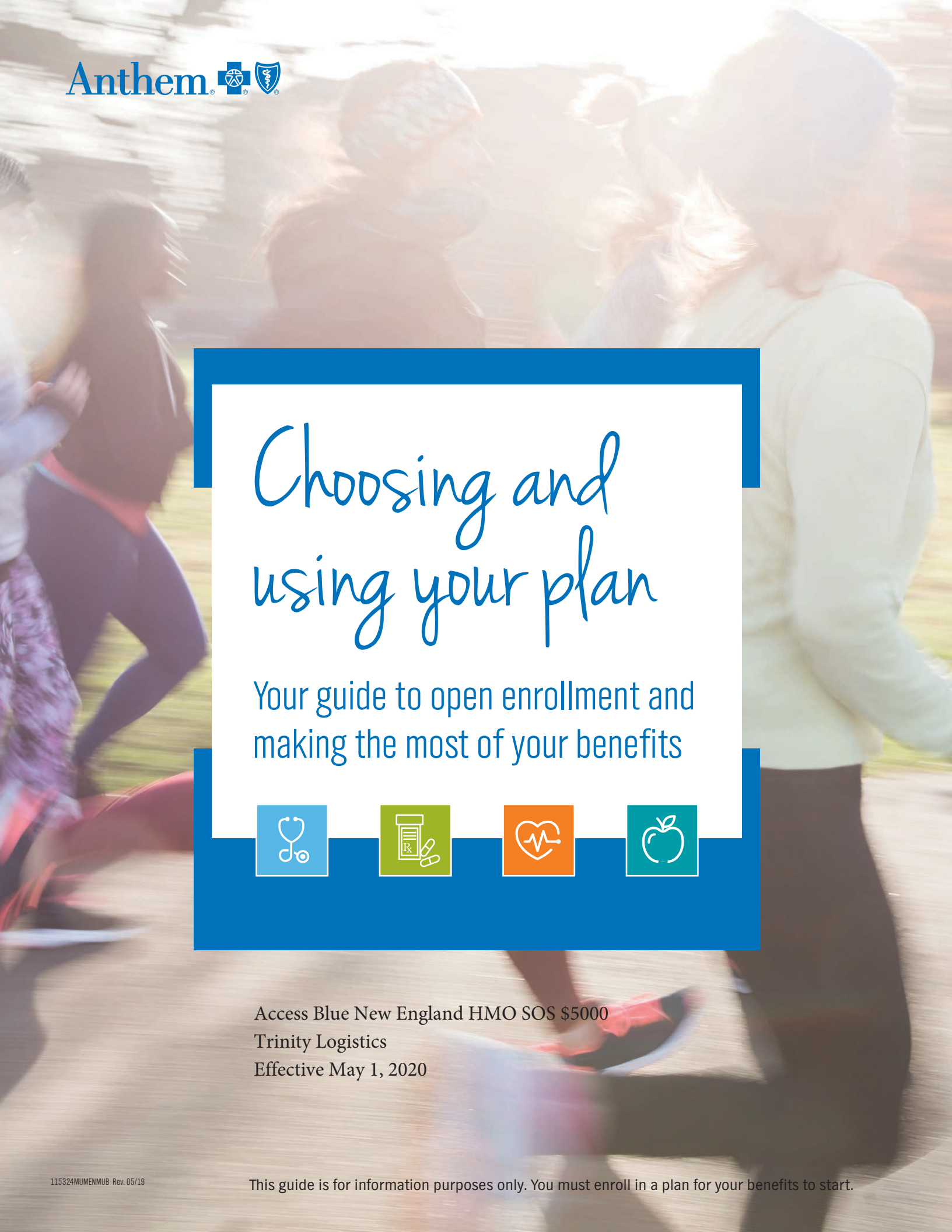

Anthem

Choosing and using your plan

Your guide to open enrollment and making the most of your benefits

Access Blue New England HMO SOS $5000
Trinity Logistics
Effective May 1, 2020

115324MUMENMUB Rev. 05/19

This guide is for information purposes only. You must enroll in a plan for your benefits to start.

Your summary of benefits

Matthew Thornton Health Plan, Inc./Anthem® Blue Cross and Blue Shield

Your Plan: Anthem Access Blue NE HMO SOS 5000/0%/7150 Rx 5/25/40/30% 60min 300max/40% 400max 500/ded

Your Network: Access Blue NE HMO

This summary of benefits is a brief outline of coverage, designed to help you with the selection process. This summary does not reflect each and every benefit, exclusion and limitation which may apply to the coverage. For more details, important limitations and exclusions, please review the formal Evidence of Coverage (EOC). If there is a difference between this summary and the Certificate of Insurance or Evidence of Coverage (EOC), the Certificate of Insurance or Evidence of Coverage (EOC), will prevail.

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Overall Deductible *See notes section to understand how your deductible works. Your plan may also have a separate Prescription Drug Deductible. See Prescription Drug Coverage section.*	$5,000 person / $12,000 family	Not covered
Out-of-Pocket Limit *When you meet your out-of-pocket limit, you will no longer have to pay cost-shares during the remainder of your benefit period. See notes section for additional information regarding your out of pocket maximum.*	$7,150 person / $14,300 family	Not covered
Preventive care/screening/immunization *In-network preventive care is not subject to deductible, if your plan has a deductible. Contraceptive methods approved by FDA and prescribed for a woman by her health care provider, subject to reasonable medical management, will be covered without cost sharing requirements.*	No charge	Not covered
Doctor Home and Office Services		
Primary Care Office Visit to treat an injury or illness *If your PCP is identified as a Preferred Primary Care (PPC) Provider, you will pay a $5 copayment per visit. Please see www.anthem.com for a list of Preferred Primary Care Providers.*	$30 copay per visit medical deductible does not apply	Not covered
Preferred Primary Care (PPC)	$5 copay per visit medical deductible does not apply	Not covered

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Specialist Care Visit	$60 copay per visit medical deductible does not apply	Not covered
Prenatal and Post-natal Care *In-Network preventive services, routine prenatal office visits and other preventive prenatal care and screening are covered at 100%.*	0% coinsurance after medical deductible is met	Not covered
Other Practitioner Visits:		
Retail Health Clinic	$30 copay per visit medical deductible does not apply	Not covered
Live Health On-line Telehealth Visits *Includes Mental Health and Substance Use Disorder (www.livehealthonline.com)*	$5 copay per visit medical deductible does not apply	Not covered
Other Participating Provider On-line Visit *Includes Mental Health and Substance Use Disorder*	$30 copay per visit medical deductible does not apply	Not covered
Chiropractic/Manipulative Therapy Office Setting	$30 copay per visit medical deductible does not apply	Not covered
Outpatient Hospital	0% coinsurance after medical deductible is met	Not covered
Acupuncture Office Setting *Coverage is limited to Pain Management. Coverage is limited to 12 visits per benefit period. Applies to In-Network. Limit is combined across professional visits and outpatient facilities.*	$30 copay per visit medical deductible does not apply	Not covered
Outpatient Hospital *Coverage is limited to Pain Management. Coverage is limited to 12 visits per benefit period. Applies to In-Network. Limit is combined across professional visits and outpatient facilities.*	0% coinsurance after medical deductible is met	Not covered
Other Services in an Office:		

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Allergy Testing	No charge	Not covered
Chemo/Radiation Therapy Performed by a Primary Care Physician	$30 copay per visit medical deductible does not apply	Not covered
Chemo/Radiation Therapy Performed by a Specialist	$60 copay per visit medical deductible does not apply	Not covered
Dialysis/Hemodialysis	0% coinsurance after medical deductible is met	Not covered
Prescription Drugs *For the drugs itself dispensed in the office through infusion/injection.*	0% coinsurance after medical deductible is met	Not covered
Diagnostic Services *Costs may vary by site of service.*		
Lab:		
Office	No charge	Not covered
Freestanding Lab/Reference Lab	No charge	Not covered
Outpatient Hospital	0% coinsurance after medical deductible is met	Not covered

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
X-Ray: *Costs may vary by site of service.*		
Office	0% coinsurance after medical deductible is met	Not covered
Freestanding Radiology Center	$125 copay per visit medical deductible does not apply	Not covered
Outpatient Hospital	0% coinsurance after medical deductible is met	Not covered
Advanced Diagnostic Imaging (for example, MRI/PET/CAT scans):		
Office	0% coinsurance after medical deductible is met	Not covered
Freestanding Radiology Center	$250 copay per service medical deductible does not apply	Not covered
Outpatient Hospital	0% coinsurance after medical deductible is met	Not covered
Emergency and Urgent Care		
Urgent Care *In-Network Urgent Care benefit limited to preferred New Hampshire locations.*	$100 copay per visit medical deductible does not apply	Covered as In-Network
Urgent care(Facility Setting)		
Urgent Care: Facility fees	$100 copay per visit medical deductible does not apply	Covered as In-Network
Urgent Care: Other services	0% coinsurance after medical deductible is met	Covered as In-Network

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Emergency Room Facility Services *Cost share waived if admitted.*	$300 copay per visit after medical deductible is met	Covered as In-Network
Emergency Room Doctor and Other Services	0% coinsurance after medical deductible is met	Covered as In-Network
Emergency Room Mental Health and Substance Use Disorder Doctor Services	$30 copay per visit after medical deductible is met	Covered as In-Network
Ambulance (Ground, Air and Water)	0% coinsurance after medical deductible is met	Covered as In-Network
Outpatient Mental Health and Substance Use Disorder		
Doctor Office Visit	$30 copay per visit medical deductible does not apply	Not covered
Facility visit:		
Facility Fees	No charge	Not covered
Doctor Services	No charge	Not covered
Outpatient Surgery		
Facility Fees:		
Hospital	0% coinsurance after medical deductible is met	Not covered
Freestanding Surgical Center	$250 copay per visit medical deductible does not apply	Not covered
Doctor and Other Services:		

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Hospital	0% coinsurance after medical deductible is met	Not covered
Freestanding Surgical Center	No charge	Not covered
Hospital Stay (all inpatient stays including Maternity, Mental / Behavioral Health, and Substance Abuse)		
Facility fees (for example, room & board) *Coverage for Inpatient Rehabilitation and Skilled Nursing services is limited to 150 days combined per benefit period. Applies to In-Network.*	0% coinsurance after medical deductible is met	Not covered
Doctor and other services	0% coinsurance after medical deductible is met	Not covered
Recovery & Rehabilitation		
Home Health Care	0% coinsurance after medical deductible is met	Not covered
Rehabilitation services (for example, physical/speech/occupational therapy):		
Office *Limit is combined for rehabilitative and habilitative services. Coverage for Occupational Therapy is limited to 20 visits per benefit period, Physical Therapy is limited to 20 visits per benefit period and Speech Therapy is limited to 20 visits per benefit period. Applies to In-Network. Limit is combined across professional visits and outpatient facilities.*	$30 copay per visit medical deductible does not apply	Not covered
Outpatient Hospital *Limit is combined for rehabilitative and habilitative services. Coverage for Occupational Therapy is limited to 20 visits per benefit period, Physical Therapy is limited to 20 visits per benefit period and Speech Therapy is limited to 20 visits per benefit period. Applies to In-Network. Limit is combined across professional visits and outpatient facilities.*	0% coinsurance after medical deductible is met	Not covered
Cardiac rehabilitation		

Your summary of benefits

Covered Medical Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Office Setting *Coverage is limited to 36 visits per benefit period. Applies to In-Network. Limit is combined across professional visits and outpatient facilities.*	$60 copay per visit medical deductible does not apply	Not covered
Outpatient Hospital *Coverage is limited to 36 visits per benefit period. Applies to In-Network. Limit is combined across professional visits and outpatient facilities.*	0% coinsurance after medical deductible is met	Not covered
Skilled Nursing Care (in a facility) *Coverage for Inpatient rehabilitation and skilled nursing services is limited to 150 days per benefit period. Applies to In-Network.*	0% coinsurance after medical deductible is met	Not covered
Hospice	0% coinsurance after medical deductible is met	Not covered
Durable Medical Equipment *Durable Medical Equipment and Prosthetics are subject to a combined in network annual benefit deductible of no more than $100 per member per benefit period.*	20% coinsurance after deductible is met	Not covered
Prosthetic Devices *Durable Medical Equipment and Prosthetics are subject to a combined in network annual benefit deductible of no more than $100 per member per benefit period.*	20% coinsurance after deductible is met	Not covered

Your summary of benefits

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Pharmacy Deductible	$500 person / $1,000 family	Not covered
Pharmacy Out of Pocket	Combined with medical out of pocket maximum	Not covered
Prescription Drug Coverage *Essential Drug List* *This product has a 90-day Retail Pharmacy Network available. A 90 day supply is available at most retail pharmacies.*		
Tier 1a - Typically Lower Cost Generic *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.*	$5 copay per prescription, Pharmacy deductible does not apply (retail) and $13 copay per prescription, Pharmacy deductible does not apply (home delivery)	Not covered (retail and home delivery)
Tier 1b - Typically Generic *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.*	$25 copay per prescription, Pharmacy deductible does not apply (retail) and $63 copay per prescription, Pharmacy deductible does not apply (home delivery)	Not covered (retail and home delivery)
Tier 2 – Typically Preferred Brand *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.*	$40 copay per prescription after Pharmacy deductible is met	Not covered (retail and home delivery)

Covered Prescription Drug Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
	(retail) and $120 copay per prescription after Pharmacy deductible is met (home delivery)	
Tier 3 - Typically Non-Preferred Brand *Covers up to a 30 day supply (retail pharmacy). Covers up to a 90 day supply (home delivery program). Covers up to 90 day supply (retail maintenance pharmacy). No coverage for non-formulary drugs.*	Greater of $60 or 30% coinsurance up to $300 per prescription after Pharmacy deductible is met (retail) and Greater of $180 or 30% coinsurance up to $900 per prescription after Pharmacy deductible is met (home delivery)	Not covered (retail and home delivery)
Tier 4 - Typically Specialty (brand and generic) *Covers up to a 30 day supply (retail pharmacy). Covers up to a 30 day supply (home delivery program). No coverage for non-formulary drugs.*	40% coinsurance up to $400 per prescription after Pharmacy deductible is met (retail and home delivery)	Not covered (retail and home delivery)

Your summary of benefits

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
This is a brief outline of your vision coverage. Not all cost shares for covered services are shown below. Benefits include coverage for member's choice of eyeglass lenses or contact lenses, but not both. For a full list, including benefits, exclusions and limitations, see the combined Evidence of Coverage/Disclosure form/Certificate. If there is a difference between this summary and either Evidence of Coverage/Disclosure form/Certificate, the Evidence of Coverage/Disclosure form/Certificate will prevail. *Adult and children's vision services count towards your out of pocket limit.*		
Children's Vision Essential Health Benefits		
Child Vision Deductible	$0 person	Not Applicable
Vision exam *Coverage for In-Network Providers and Non-Network Providers is limited to 1 exam per benefit period.*	$20 copay	Reimbursed Up to $48
Frames *Coverage for In-Network Providers and Non-Network Providers is limited to 1 unit every 2 benefit periods.*	No charge	Reimbursed Up to $52
Single Vision Lenses *Coverage for In-Network Providers and Non-Network Providers is limited to 1 unit every 2 benefit periods.*	$20 copay	Reimbursed Up to $32
Bifocal Vision Lenses *Coverage for In-Network Providers and Non-Network Providers is limited to 1 unit every 2 benefit periods.*	$20 copay	Reimbursed Up to $47
Trifocal Vision Lenses *Coverage for In-Network Providers and Non-Network Providers is limited to 1 unit every 2 benefit periods.*	$20 copay	Reimbursed Up to $66
Elective contact lenses *Coverage for In-Network Providers and Non-Network Providers is limited to 1 unit every 2 benefit periods.*	No charge	Reimbursed Up to $84
Non-Elective Contact Lenses *Coverage for In-Network Providers and Non-Network Providers is limited to 1 unit every 2 benefit periods.*	No charge	Reimbursed Up to $210
Adult Vision		

Your summary of benefits

Covered Vision Benefits	Cost if you use an In-Network Provider	Cost if you use a Non-Network Provider
Adult Vision Deductible	$0 person	Not Applicable
Vision exam *Coverage for In-Network Providers and Non-Network Providers is limited to 1 exam per benefit period.*	$20 copay	Reimbursed Up to $48
Frames *Coverage for In-Network Providers and Non-Network Providers is limited to 1 unit every 2 benefit periods.*	$100 Allowance	Reimbursed Up to $52
Single Vision Lenses *Coverage for Eye Glasses or Contact Lens In-Network Providers and Non-Network Providers is limited to 1 unit every 2 benefit periods.*	$20 copay	Reimbursed Up to $32
Bifocal Vision Lenses *Coverage for Eye Glasses or Contact Lens In-Network Providers and Non-Network Providers is limited to 1 unit every 2 benefit periods.*	$20 copay	Reimbursed Up to $47
Trifocal Vision Lenses *Coverage for Eye Glasses or Contact Lens In-Network Providers and Non-Network Providers is limited to 1 unit every 2 benefit periods.*	$20 copay	Reimbursed Up to $66
Elective contact lenses *Coverage for Eye Glasses or Contact Lens In-Network Providers and Non-Network Providers is limited to 1 unit every 2 benefit periods.*	$100 Allowance	Reimbursed Up to $84
Non-Elective Contact Lenses *Coverage for Eye Glasses or Contact Lens In-Network Providers and Non-Network Providers is limited to 1 unit every 2 benefit periods.*	No charge	Reimbursed Up to $210

Your summary of benefits

Notes:

- The family deductible and out-of-pocket maximum are embedded meaning the cost shares of one family member will be applied to both the individual deductible and individual out-of-pocket maximum; in addition, amounts for all covered family members apply to both the family deductible and family out-of-pocket maximum. No one member will pay more than the individual deductible and individual out-of-pocket maximum.
- If your plan includes an emergency room facility copay and you are directly admitted to a hospital, your emergency room facility copay is waived.
- For additional information on this plan, please visit https://sbc.anthem.com to obtain a "Summary of Benefits and Coverage".
- To view your prescription formulary list log on to www.anthem.com/health-insurance/customer-care/forms-library.
- Your copays, coinsurance and deductible count toward your out of pocket amount. Your adult Vision benefit cost sharing still applies after your out-of-pocket limit is met.
- Your plan requires selection of a Primary Care Physician. Your plan requires a referral from your Primary Care Physician for select covered services.
- Behavioral Health Services: Mental Health and Substance Abuse benefits provided in accordance with Federal Mental Health Parity.
- Coverage for wigs needed after cancer treatment is limited to 1 item(s) per benefit period.
- Vision services are not subject to the annual deductible.
- Benefit limited to one hearing aid per ear each time a hearing aid prescription changes or one hearing aid per ear as needed every 5 years, whichever occurs first.
- If your plan includes out of network benefits, all services with calendar/plan year limits are combined both in and out of network.
- Human Organ and Tissues Transplants require precertification and are covered as any other service in your summary of benefits.

Exclusions:

- The services listed below are not covered by this plan. Complete details on exclusions and limitations are stated in the Subscriber Certificate. • Any service that is not medically necessary • Any service required by a third party (court ordered services are covered if all of the other terms of the plan are met) • Cosmetic surgery • Custodial or convalescent care • Educational testing and therapy • Experimental and/or investigational services except as required by law for clinical trials • Hospitalization for conditions that are not covered • Human organ transplants other than those listed in the Subscriber Certificate as Covered Services • Permanent dental restoration, (general anesthesia, hospital or surgical day care facility charges for dental procedures are covered for certain individuals only to the extent required by law) • Personal comfort items • Radial keratotomy or other surgery to correct vision • Routine podiatry • Services covered by government programs to the extent permitted by law • Services for work-related illness or injury • Services, treatments, procedures or programs for weight or appetite control, weight loss, weight management or control of obesity, except for diabetes education, nutrition counseling, and medically necessary surgical and non- surgical services to treat diseases and ailments caused by or resulting from obesity or morbid obesity.

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Language Access Services:

Get help in your language

Curious to know what all this says? We would be too. Here's the English version:
If you have any questions about this document, you have the right to get help and information in your language at no cost. To talk to an interpreter, call (877) 211-3212

Separate from our language assistance program, we make documents available in alternate formats for members with visual impairments. If you need a copy of this document in an alternate format, please call the customer service telephone number on the back of your ID card.

(TTY/TDD: 711)

Arabic (العربية): إذا كان لديك أي استفسارات بشأن هذا المستند، فيحق لك الحصول على المساعدة والمعلومات بلغتك دون مقابل. للتحدث إلى مترجم، اتصل على 211-3212 (877) .

Armenian (հայերեն). Եթե այս փաստաթղթի հետ կապված հարցեր ունեք, դուք իրավունք ունեք անվճար ստանալ օգնություն և տեղեկատվություն ձեր լեզվով: Թարգմանչի հետ խոսելու համար զանգահարեք հետևյալ հեռախոսահամարով՝ (877) 211-3212:

Chinese(中文)：如果您對本文件有任何疑問，您有權使用您的語言免費獲得協助和資訊。如需與譯員通話，請致電(877) 211-3212。

Farsi (فارسي) : در صورتی که سؤالی پیرامون این سند دارید، این حق را دارید که اطلاعات و کمک را بدون هیچ هزینه ای به زبان مادری‌تان دریافت کنید. برای گفتگو با یک مترجم شفاهی، با شماره 211-3212 (877) تماس بگیرید.

French (Français) : Si vous avez des questions sur ce document, vous avez la possibilité d'accéder gratuitement à ces informations et à une aide dans votre langue. Pour parler à un interprète, appelez le (877) 211-3212.

Haitian Creole (Kreyòl Ayisyen): Si ou gen nenpòt kesyon sou dokiman sa a, ou gen dwa pou jwenn èd ak enfòmasyon nan lang ou gratis. Pou pale ak yon entèprèt, rele (877) 211-3212.

Italian (Italiano): In caso di eventuali domande sul presente documento, ha il diritto di ricevere assistenza e informazioni nella sua lingua senza alcun costo aggiuntivo. Per parlare con un interprete, chiami il numero (877) 211-3212.

Japanese (日本語):この文書についてなにかご不明な点があれば、あなたにはあなたの言語で無料で支援を受け情報を得る権利があります。 通訳と話すには、(877) 211-3212 にお電話ください。

Language Access Services:

Korean (한국어): 본 문서에 대해 어떠한 문의사항이라도 있을 경우, 귀하에게는 귀하가 사용하는 언어로 무료 도움 및 정보를 얻을 권리가 있습니다. 통역사와 이야기하려면(877) 211-3212로 문의하십시오.

Navajo (Diné): Díí naaltsoos biká'ígíí łahgo bina'ídiłkidgo ná bohónéedzą dóó bee ahóót'i' t'áá ni nizaad k'ehjí bee nił hodoonih t'áadoo bą́ąh ílínígóó. Ata' halne'ígíí ła' bich'į' hadeesdzih nínízingo kojį' hodíílnih (877) 211-3212.

Polish (polski): W przypadku jakichkolwiek pytań związanych z niniejszym dokumentem masz prawo do bezpłatnego uzyskania pomocy oraz informacji w swoim języku. Aby porozmawiać z tłumaczem, zadzwoń pod numer: (877) 211-3212.

Punjabi (ਪੰਜਾਬੀ): ਜੇ ਤੁਹਾਡੇ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਕੋਈ ਸਵਾਲ ਹੁੰਦੇ ਹਨ ਤਾਂ ਤੁਹਾਡੇ ਕੋਲ ਮੁਫ਼ਤ ਵਿੱਚ ਆਪਣੀ ਭਾਸ਼ਾ ਵਿੱਚ ਮਦਦ ਅਤੇ ਜਾਣਕਾਰੀ ਪ੍ਰਾਪਤ ਕਰਨ ਦਾ ਅਧਿਕਾਰ ਹੁੰਦਾ ਹੈ। ਇੱਕ ਦੁਭਾਸ਼ੀਏ ਨਾਲ ਗੱਲ ਕਰਨ ਲਈ, (877) 211-3212 ਤੇ ਕਾਲ ਕਰੋ।

Russian (Русский): если у вас есть какие-либо вопросы в отношении данного документа, вы имеете право на бесплатное получение помощи и информации на вашем языке. Чтобы связаться с устным переводчиком, позвоните по тел. (877) 211-3212.

Spanish (Español): Si tiene preguntas acerca de este documento, tiene derecho a recibir ayuda e información en su idioma, sin costos. Para hablar con un intérprete, llame al (877) 211-3212.

Tagalog (Tagalog): Kung mayroon kang anumang katanungan tungkol sa dokumentong ito, may karapatan kang humingi ng tulong at impormasyon sa iyong wika nang walang bayad. Makipag-usap sa isang tagapagpaliwanag, tawagan ang (877) 211-3212.

Vietnamese (Tiếng Việt): Nếu quý vị có bất kỳ thắc mắc nào về tài liệu này, quý vị có quyền nhận sự trợ giúp và thông tin bằng ngôn ngữ của quý vị hoàn toàn miễn phí. Để trao đổi với một thông dịch viên, hãy gọi (877) 211-3212.

It's important we treat you fairly
That's why we follow federal civil rights laws in our health programs and activities. We don't discriminate, exclude people, or treat them differently on the basis of race, color, national origin, sex, age or disability. For people with disabilities, we offer free aids and services. For people whose primary language isn't English, we offer free language assistance services through interpreters and other written languages. Interested in these services? Call the Member Services number on your ID card for help (TTY/TDD: 711). If you think we failed to offer these services or discriminated based on race, color, national origin, age, disability, or sex, you can file a complaint, also known as a grievance. You can file a complaint with our Compliance Coordinator in writing to Compliance Coordinator, P.O. Box 27401, Mail Drop VA2002-N160, Richmond, VA 23279. Or you can file a complaint with the U.S. Department of Health and Human Services, Office for Civil Rights at 200 Independence Avenue, SW; Room 509F, HHH Building; Washington, D.C. 20201 or by calling 1-800-368-1019 (TDD: 1- 800-537-7697) or online at https://ocrportal.hhs.gov/ocr/portal/lobby.jsf. Complaint forms are available at http://www.hhs.gov/ocr/office/file/index.html.

Anthem

Ready to help

When your employees need it most

Any employee with a serious or sudden illness or one who's coming out of the hospital is likely overwhelmed. There's lots of information, decisions, appointments and costs to deal with. And that's on top of the time and energy they need for healing. How do you get them the extra support, while still looking out for your company's costs and productivity?

Our Case Management program is the answer

Your employees get a team of doctors, nurses, pharmacists, dieticians, mental health clinicians and trained support staff. We identify, coach and educate the most critically ill employees. Our goal is to make sure they get the right care, reduce the possibility of future health events and readmissions — and pave the way for a successful return to work.

It's a targeted, proactive approach with the dual goal of containing your company's health care costs and improving the health of your team.

Our case management programs reduced costs by **$2,044** per each engaged member, on average.[1]

Nearly **9 out of 10** members who use this service say they're "very satisfied" and would recommend it.[2]

Here's how it works

Registered nurse case managers reach out to members directly to assess their needs and help them:

- Find out more about their health issue and treatment options.
- Make sure their doctors and care team are talking and working together effectively.
- Understand their health plan better, so they can get the most value from it.
- Connect with resources in their area, like home care services and community health programs.
- Make healthy lifestyle changes.

Case managers will stay in contact, with regular follow-ups and automated phone messages. There are even times when we'll send a health professional to the home, to coordinate care, community resources, the member's home environment — or to help transition home from a hospital stay.[3]

Want to give employees a helping hand?

It's easy. Let employees know to call the member services number on the back of their card and ask for case management.

1 ETG Savings Analysis White Paper, 2017.
2 Clinical Satisfaction Study: Case Management, 2017.
3 Not available in all markets. Varies by geographic area and health plan.

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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.

ConditionCare

If you have asthma, diabetes, chronic obstructive pulmonary disease (COPD), heart disease or heart failure, ConditionCare can give you the tools and resources you need to take charge of your health. You'll get:

- 24/7, toll-free phone access to nurses who can answer health questions.
- Support from nurse care managers, dietitians and other health care professionals to help you reach your health goals.
- Educational guides, electronic newsletters and tools to help you learn more about your condition(s).

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:

- A nurse specializing in obstetrics who can answer your questions, 24/7, and will call to check on your progress.
- The *Mayo Clinic Guide to a Healthy Pregnancy*, which explains the changes your body and baby are going through.
- A screening to check your health risks.
- Resources to help you make healthier decisions during pregnancy.
- Free phone access to pharmacists, nutritionists and other specialists, if needed.
- Other helpful information on labor and delivery, including options and how to prepare.

24/7 NurseLine

Whether it's 3 a.m. or a lazy Sunday afternoon, you can talk to a registered nurse any time of the day or night.

These nurses can:

- Answer questions about health concerns.
- Help you decide where to go for care when your doctor, dentist, or eye doctor isn't available.
- Help you find providers and specialists in your area.
- Enroll you and your dependents in health management programs.
- Remind you about scheduling important screenings and exams, including dental and vision check ups.

Get the support you need

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

- ConditionCare: 866-962-0962
- Future Moms: 800-828-5891
- 24/7 NurseLine: 800-337-4770

Anthem BlueCross BlueShield

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Take care of yourself
Use your preventive care benefits

Anthem BlueCross BlueShield

Getting regular checkups and exams can help you stay healthy and catch problems early — when they're easier to treat.

That's why our health plans offer all the preventive care services and immunizations below — at no cost to you.[1] As long as you see a doctor or use a pharmacy or lab in the plan, you won't have to pay anything for these services and immunizations. If you want to visit a doctor or pharmacy outside the plan, you may have to pay out of pocket.

Not sure which services make sense for you? Talk to your doctor. He or she can help you figure out what you need.

Preventive vs. diagnostic care

What's the difference? Preventive care helps protect you from getting sick. If your doctor recommends you have services even though you have no symptoms, that's preventive care. Diagnostic care is when you have symptoms and your doctor recommends services to determine what's causing those symptoms.

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 computed tomography (CT) colonography (as appropriate)[3]
- 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[2]
- Hearing screening
- Height, weight and body mass index (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[3]
- Obesity: related screening and counseling*
- Prostate cancer, including digital rectal exam and prostate-specific antigen (PSA) test
- Sexually transmitted infections: related screening and counseling
- Tobacco use: related screening and behavioral counseling
- Tuberculosis screening
- Violence, interpersonal and domestic: related screening and counseling

Immunizations:

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A and hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Varicella (chickenpox)
- Zoster (shingles)

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[4]
- Breastfeeding: primary care intervention to promote breastfeeding support, supplies and counseling[5,6,7]
- Contraceptive (birth control) counseling
- Food and Drug Administration (FDA)-approved contraceptive medical services, including sterilization, provided by a doctor
- Counseling related to chemoprevention for those with a high risk of breast cancer
- Counseling related to genetic testing for those with a family history of ovarian or breast cancer
- HPV screening
- Screening and counseling for interpersonal and domestic violence
- Pregnancy screenings, including gestational diabetes, hepatitis B, asymptomatic bacteriuria, Rh incompatibility, syphilis, HIV and depression[6]
- Pelvic exam and Pap test, including screening for cervical cancer

These preventive care services are recommendations of the Affordable Care Act (ACA or health care reform law). They may not be right for every person, so ask your doctor what's right for you.

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 rule. Please see your combined Evidence of Coverage and Disclosure Form or Certificate for exclusions and limitations.

* CDC-recognized Diabetes Prevention programs are available for overweight or obese adults with abnormal blood glucose or who have abnormal CVD risk factors.

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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 BMI
- Hemoglobin or hematocrit (blood count)
- Lead testing
- Newborn screening
- Screening and counseling for obesity
- Counseling for those ages 10–24 with fair skin about lowering their risk for skin cancer
- Oral (dental health) assessment when done as part of a preventive care visit
- Screening and counseling for sexually transmitted infections
- Tobacco use: related screening and behavioral counseling
- Vision screening when done as part of a preventive care visit[2]

Immunizations:

- Chickenpox
- Flu
- Haemophilus influenza type b (Hib)
- Hepatitis A and hepatitis B
- HPV
- Meningitis
- MMR
- Pneumonia
- Polio
- Rotavirus
- Whooping cough

A word about pharmacy items

For 100% coverage of your over-the-counter (OTC) drugs and other pharmacy items listed here, you must:

- Meet certain age requirements and other rules.
- Get prescriptions from plan providers and fill them at plan pharmacies.
- Have prescriptions, even for OTC items.

Adult preventive drugs and other pharmacy items — age appropriate:

- Aspirin use (81 mg and 325 mg) for the prevention of cardiovascular disease, preeclampsia and colorectal cancer by adults less than 70 years old.
- Colonoscopy prep kit (generic or OTC only) when prescribed for preventive colon screening
- Generic low to moderate dose statins for members that are 40-75 years and have 1 or more CVD risk factors (dyslipidemia, diabetes, hypertension, or smoking)
- Tobacco-cessation products, including all FDA-approved brand and generic OTC and prescription products, for those ages 18 and older
- Vitamin D for adults over age 65

Child preventive drugs and other pharmacy items — age appropriate:

- Dental fluoride varnish to prevent the tooth decay of primary teeth for children ages 0-5
- Fluoride supplements for children ages 0-6

Women's preventive drugs and other pharmacy items — age appropriate:

- Contraceptives, including generic prescription drugs, brand-name drugs with no generic equivalent and OTC items like female condoms and spermicides[6,8,9]
- Low-dose aspirin (81 mg) for pregnant women who are at increased risk of preeclampsia
- Folic acid for women ages 55 or younger who are planning and able to get pregnant

Breast cancer risk-reducing medications, such as tamoxifen and raloxifene, that follow the U.S. Preventive Services Task Force criteria[3]

1 The range of preventive care services covered at no cost share when provided by plan doctors is designed to meet state and federal requirements. The Department of Health and Human Services decided which services to include for full coverage based on 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 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 Member Services number on your ID card.
2 Some plans cover additional vision services. Please see your contract or *Certificate of Coverage* for details.
3 You may be required to get preapproval for these services.
4 Check your medical policy for details.
5 Breast pumps and supplies must be purchased from plan providers for 100% coverage. We recommend using plan durable medical equipment (DME) suppliers.
6 This benefit also applies to those younger than age 19.
7 Counseling services for breastfeeding (lactation) can be provided or supported by a plan doctor or hospital provider, such as a pediatrician, obstetrician/gynecologist or family medicine doctor, and hospitals with no member cost share (deductible, copay, coinsurance). Contact the provider to see if such services are available.
8 A cost share may apply for other prescription contraceptives, based on your drug benefits.
9 Your cost share may be waived if your doctor decides that using the multisource brand is medically necessary.

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Where you go matters

Use programs like Site of Service and save money on lower-cost independent care providers

You wouldn't pay more for a direct flight from Manchester to Orlando when you could get the same quality flight for less at another airline, right? Then why would you pay more for your health care when you don't have to? That's where Anthem's cost-saving programs can help. You can save hundreds of dollars, and sometimes even thousands, when you go to lower-cost independent providers listed in anthem.com's Find a Doctor tool.

Pay less for all of these services when you use independent providers

Lab tests
Pay $0

Physical, occupation and speech therapy
Pay the same cost as an office visit

Radiology
(such as, X-rays and ultrasounds)
Pay no more than a $150 copay

Advanced diagnostic imaging
(such as, MRIs and CAT scans)
Pay no more than a $250 copay[1]

Outpatient surgery
Pay a copay between $100 and $250[2]

For all the information you'll need on where to go, and how you can save thousands on these health services, please visit **anthem.com/siteofservicenh.**

1 Check your Certificate of Coverage as cost shares and plan designs may vary.

2 If you need more care as part of the surgery or procedure, you may have to pay coinsurance and/or a deductible (the amount you pay before the plan pays). For example, you may pay more for pathology or lab work if it isn't sent to one of the labs found on Anthem's Find a Doctor tool. Make sure your doctor at the ambulatory surgery center knows you have Anthem's Site of Service program.

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Find a location near you in just minutes!

Lab tests

- Go to **anthem.com**.
- Select **Find a Doctor**.
- Choose your state and your plan or network.
- Then, under *I'm looking for a*, choose **Lab/Pathology/Radiology**.
- Next, under *Who specializes in*, choose **Laboratories** from the drop-down menu.
- Lastly, choose your location and select **Search**.

All independent labs in New Hampshire, including Quest Diagnostics®, LabCorp and NorDx, are part of your Site of Service program, as well as some hospital-based labs. If a hospital-based lab is included in Find a Doctor, then it's in the program.

Physical, occupational or speech therapy

- Go to **anthem.com**.
- Select **Find a Doctor**.
- Choose your state and your plan or network.
- Then, under *I'm looking for a*, choose **Doctor/Medical Professional**.
- Next, under *Who specializes in*, choose **OT/PT/Speech/Massage** from the drop-down menu.
- Lastly, choose your location and select **Search**.

Radiology and advanced diagnostic imaging

- Go to **anthem.com**.
- Select **Find a Doctor**.
- Choose your state and your plan or network.
- Under *I'm looking for* a, choose **Lab/Pathology/Radiology**.
- Under *Who specializes in*, choose **Radiology** from the drop-down menu.
- Choose your location and select **Search**.
- Then, select the "Specialty" button on the left and a click down menu will appear.
- Lastly, choose **MRI Facility** and **Radiology Center** to list the Site of Service locations.

Outpatient surgery

To locate an ambulatory surgical center and find out which services it provides, visit **anthem.com/siteofservicenh**. Or call the Customer Service number on your member ID card.

Get cash back for using lower-cost care options!

SmartShopper™ is a program that offers Anthem members up to $1,000 in cash rewards for getting common health services at lower-cost facilities. The first step toward your own savings is to visit smartshopper.com or call 1-800-824-9127 when you need care. Then choose a lower-cost option identified by SmartShopper and get your cash reward!

SmartShopper is an independent company.

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Anthem

SmartShopper®

When your employees can shop, *everyone* saves

Did you know that prices for the same quality medical services can differ by thousands of dollars from provider to provider? Instead of spending that money, you and your employees can save it, and your employees can even earn cash[1] back when they use lower-cost doctors and facilities found through SmartShopper.

SmartShopper is an incentive and engagement program that guides your employees to cost-effective health care services so everyone saves money.[2]

- Helps your employees better control their own health care costs
- Gives your employees access to comparison shopping right away
- Provides a simple, innovative health care shopping experience with highly trained Personal Assistants

Medical Procedure	Provider A Cost	Provider B Cost	Provider C Cost
Colonoscopy	$1,182	$2,932	$4,749

Examples shown are for specific locations and time periods and are not intended to represent costs for procedures in your area.

How does SmartShopper work?

1

Doctor recommends a medical test or procedure.

2

Employee shops for the service by phone or online.

3

Employee has procedure at reward-eligible location.

4

Once the claim is paid, the employee gets a reward check in the mail.

Sample procedures and rewards

Procedure	Reward
Carpal Tunnel	up to $150
Colonoscopy	up to $150
Hernia Repair	up to $250
Knee Surgery	up to $250
Mammogram	up to $50
Orthopedic procedure	up to $250
Ultrasound	up to $50

For more information, your employees can call the Personal Assistant Team or go to **smartshopper.com.**

[1]Reward payments may be taxable.
[2]Availability may vary; please contact your Anthem rep to see if you're eligible for this program.

The SmartShopper program is provided by Sapphire Digital an independent company. Incentives available for select procedures only. Payments are a taxable form of income. Rewards may be delivered by check or an alternative form of payment. Members with coverage under Medicaid or Medicare are not eligible to receive incentive rewards under the SmartShopper program. Rewards are for select procedures only and reward payments may be taxable.

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Anthem

GOOD HEALTH IS WORTH IT

YOUR GUIDE TO EARNING REWARDS WITH WELLBEING SOLUTIONS

Your whole health matters. That's why you have Wellbeing Solutions, a suite of programs to help you with your everyday health and cover all areas of your well-being. It comes with extra guidance and support in managing your health, plus access to Anthem Health Rewards to earn monetary rewards. Read on to learn more about what's available to you through your employer plan.

WELL-BEING COACH

Staying healthy can feel like a full-time job — especially when you have an ongoing health condition or a busy schedule. Your benefits include a dynamic program called Well-being Coach at no extra cost to you. A well-being coach can work with you to identify habits you want to change, then develop custom action plans with you to help you make those changes.

HOW TO MAKE GOOD HEALTH PAY OFF
EARN UP TO $1,200 IN REWARDS

It's true that good health is its own reward. But getting something extra feels good too. That's how Anthem Health Rewards[1] works. It rewards you, and your covered spouse or partner, for taking part in employer-sponsored health and wellness programs.

Your employer has chosen to help encourage condition management and fitness participation by providing a program that rewards you for completing key activities. That's a win towards better health. The best part? You can earn up to $1,200 in rewards! You can see the status of your progress on anthem.com or download the free Sydney Health mobile app.

As you complete activities, your participation will be tracked for you and automatically rewarded through a reloadable debit rewards card (for gym reimbursement, member is paid by check).[2]

EXPLORE YOUR PLAN'S POWERFUL BENEFITS

GYM MEMBERSHIP REIMBURSEMENT - UP TO $400

Putting a lot of hard work and sweat in at the gym is made even more worthwhile with a gym reimbursement. Members 18 years and older can get reimbursed up to $400 for meeting the minimum gym visit requirement (35 visits minimum for every six month period, $200 twice annually) at a qualifying fitness center.

Ready to begin?
Work out 35 times in each six-month period within your benefit plan year at a qualifying fitness center, track your workout sessions and send in the completed required forms. To find out more and download forms, log in to anthem.com or the Sydney Health app and visit the My Health Dashboard, then the Programs area.[3]

TOBACCO–FREE CERTIFICATION REWARD - $50

You've made the right choice to stay tobacco free during the previous six months. Now you can certify you are tobacco-free and earn $50 in rewards.

Ready to begin?
To confirm you're tobacco-free, visit the My Health Dashboard on anthem.com or the Sydney Health app via your mobile device. Look for the tobacco-free certification and follow the prompts to complete the online certification.

If you're unable to earn the reward for being tobacco-free, you can still earn it by completing a Health Action Plan which is available for download within the online certification process.[4]

Earn up to **$300** for either **WELL-BEING COACH** or **CONDITIONCARE**[5]

WELL-BEING COACH REWARD

Well-being Coach can help you make meaningful changes in your health. Whether it's time to quit smoking, push past a weight loss plateau, or find ways to get healthy, you can get the lifestyle coaching you need by phone or online chat. You and your coach will identify habits you want to change and develop custom action plans to make those changes.

Earn up to $300
For receiving one-on-one support for a variety of healthy lifestyle needs.

- $100 for participating in program
- $200 for completing program

Ready to begin?
Each well-being coach is specially trained to help you meet your health goals. Visit the My Health Dashboard on anthem.com or on your mobile device via the Sydney Health app. You'll find Well-being Coach within the Programs area.

CONDITIONCARE REWARD

If you're dealing with a chronic condition like asthma or diabetes, you can get one-on-one help from a health care professional through ConditionCare. You'll learn better ways to manage your health and reach your health goals.

Earn up to $300
For participating in a nurse-centric program focused on helping members with high-risk conditions.

- $100 for participating in program
- $200 for completing program

Ready to begin?
To find out more about the program or to sign up, call the Member Services number on your ID card.

FUTURE MOMS REWARD - UP TO $200

Take care of yourself and your baby, and earn rewards too. Get personal support from a registered nurse who can help pregnant moms make good choices and follow the doctor's plan of care for a safe delivery and healthy baby.

- Get $100 for completing an initial maternity assessment by 183 days before due date
- $50 for completing interim assessment at least one day before due date
- $50 for completing post-birth assessment by 53 days post-delivery

Ready to begin?
To find out more about the program or to sign up, call the Member Services number on your ID card.

CLAIMS-BASED ANNUAL WELLNESS EXAM + FLU SHOT REWARD - $100

As important as regular checkups and screenings are, it can be hard to fit them into your schedule. For extra motivation to stay healthy, you can earn $100 in rewards for receiving a preventive wellness exam and a flu shot.

Ready to begin?
Get your wellness exam at your doctor's office (primary care doctor). You can also get your flu shot at your doctor's office, or at a pharmacy or retail clinic. You don't have to complete the wellness exam or flu shot in any particular order or together. Just be sure claims are submitted for both activities by your doctor or other provider to Anthem.[6]

MY HEALTH REWARDS ACTIVITIES - UP TO $150

Getting – and staying – healthy is a habit that takes repetition. There's no better way to keep up healthy habits than to track your activity.

Activities

- ✔ Login to website or mobile app - 10 points / annually
- ✔ Connecting a tracking device - 15 points / annually
- ✔ Completing the WebMD Health Risk Assessment - 75 points / annually
- ✔ Reading five articles or watching five videos - 25 points / annually (earned when the fifth one is read/viewed)
- ✔ Setting a goal - 10 points / once per quarter
- ✔ Completing a goal - 100 points / once per quarter
- ✔ Tracking steps
  - Averaging 2,000 steps a day-2 points / monthly
  - Averaging 5,000 steps a day-5 points / monthly
  - Averaging 7,500 steps a day-10 points / monthly

Payouts are triggered when you reach the milestones 100, 200, 300 points. Check back often for new activities to complete! Be sure to sync within 30 days to earn points.

Ready to begin?
Register on anthem.com or the Sydney Health mobile app to complete a health assessment and track health activities.

GOOD HEALTH IS WORTH IT

Anthem Health Rewards gives you extra motivation to reach your health goals! Because when you're healthy, every part of your life is more rewarding.

To get started, register at anthem.com or download the free Sydney Health mobile app for iOS & Android.

GET IT ON Google Play

Download on the App Store

Keep up the good work and let us know if you have questions! We hope this gives you some extra motivation to help you stay healthy. If you have any questions, don't have internet access or need help getting your rewards, call the Member Services number on your ID card.

[1]Anthem Health Rewards eligibility applies to only employees and their spouse/domestic partner. Member must be active on the plan and activity must take place during the plan effective year.

[2]Reloadable debit rewards card: Once you complete your first health reward activity, you'll receive a reloadable Health Rewards card within 12-20 business days. As you complete additional Health Rewards activities, new rewards are automatically deposited and available to spend using your Health Rewards card. Non-CT-based plans: This card can be used everywhere major credit cards are accepted, but cannot be used at any ATM or to obtain cash. CT-based plans: As of January 1, 2020, reloadable debit rewards card dollars must be used for only qualified medical expenses, as defined in Section 213(d) of IRS Pub 502. Account deposit: Depending upon the reward vendor's process, it can take up to four weeks for rewards disbursements to be delivered after a member's activity is processed at the reward vendor.

[3]Members ages 18 and over, including subscribers' adult children ages 18 and older, are eligible for gym reimbursement. Gym reimbursement is paid by check. Payout is per member per benefit year. This program is designed to help you make healthy, safe and small changes to your lifestyle. Before taking part in this program, talk to your doctor or health care provider — especially if you are pregnant or have an injury or medical condition. This program may not be right for everyone.

[4]All Health Action Plans must be filled out and sent in no later than 30 days after the end of the plan period for which you're seeking a reward.

[5]Eligible members can participate in one program per year. Member can achieve either the Well-being Coach reward or the ConditionCare reward.

[6]It may take up to 75 business days from the day the second of the two preventive care steps is completed for both rewards to be disbursed to your rewards account.

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Anthem®

LiveHealth Online

Quick and easy access to a doctor 24/7

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

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

Sign up for free today and get:

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

LiveHealth Online Psychology

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

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

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

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

Anthem BlueCross BlueShield

LiveHealth® ONLINE

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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℠.

Download on the App Store

ANDROID APP ON Google play

LiveHealth Online is the trade name of Health Management Corporation, a separate company providing telehealth services on behalf of Anthem Blue Cross and Blue Shield.

Online counseling is not appropriate for all kinds of problems. If you are in crisis or have suicidal thoughts, it's important that you seek help immediately. Please call 1-800-784-2433 (National Suicide Prevention Lifeline) or 911 and ask for help. If your issue is an emergency, call 911 or go to your nearest emergency room. LiveHealth Online does not offer emergency services.

1 LiveHealth Online user feedback survey, May 2015.

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

3 Appointments subject to availability of a therapist.

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Need a doctor – and no surprises?

Use Care & Cost Finder

Life happens. When it does, we've got your back.

There's a lot to think about when you need care. Things like the best place to go and what's covered by your benefits. Care & Cost Finder helps you put an end to the guesswork. Included in this powerful tool is the Personalized Match* sort option. This provides customized search results based on your location, unique profile, and history to help you find the right doctor for you.

Find a doctor, check quality and compare costs all in one place — on the go or online!

You can search for doctors, dentists, pharmacies, hospitals and other health care providers in your plan with the Sydney app or on **anthem.com**. You'll get important facts like office location, services provided, gender, languages spoken, patient ratings and if providers have received awards for high-quality care.

Care & Cost Finder includes costs for different kinds of care. You can compare doctors and costs side by side and get an estimate of what you'll pay based on your benefits.

It's easy to find, easy to use — and all in one place.

Ready to start using Care & Cost Finder?

Just register or log in with the **Sydney** mobile app today. You can also use **anthem.com** to get the same great information.

Download on the App Store

ANDROID APP ON Google play

It's easy. Everything you need to know about your plan is in one place – your medical, pharmacy, dental, vision, life insurance – all in one. Making your health care journey simple, personal – all about you.

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Skip the drugstore – have your medicine delivered to your home!

Why wait in line at the drugstore if you don't have to? If you take prescribed medicine on a regular basis, you can get up to a 90-day supply delivered to your door.[1] And depending on your plan, you may save on copays because the cost of a 90-day supply of many drugs is usually less than three 30-day refills. Standard shipping is free, and you can even set up automatic refills and renewals.

Getting set up for home delivery is easy:

Go online to get started.

Go to anthem.com, log in and choose **Pharmacy**. On your personal pharmacy page, select **View Your Prescriptions** under *Switch to a 90-Day Supply*.

For the drugs you want to switch to home delivery, choose **Switch to a 90-day Supply** and then **Select Prescriber**. You can also add or update your shipping address, shipping options and payment method on this page.

Pay for your prescription.

We make it easy. You can pay by credit or debit card, flexible spending account, health savings account or electronic funds transfer (EFT).

To set up your payments, select **Complete your Profile and Communication Preferences** from your personal pharmacy page, then **Change Payment Method** to choose how you'd like to pay, sign up to pay online or add/update your credit card on file.

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Need help?

Call the home delivery pharmacy at 1-833-236-6196 and we'll get you started.

Send in your prescription.

If you prefer to mail in your order, complete the *Home Delivery Order Form* found in the forms library on anthem.com, and submit it to the address shown. Be sure to include your prescription information and payment.

You may also want to ask your doctor for a 30-day prescription, which you can get filled at your regular pharmacy to make sure you have enough medicine to last until you get your first home delivery prescription.

A few important things to know

- If your doctor prescribes a brand-name drug, your pharmacy plan may require the home delivery pharmacy to send a generic version instead.
- All prescriptions and refills, including those sent by your doctor, will be filled as soon as the home delivery pharmacy gets them.
- In most cases, your first order will arrive within two weeks. After that, the orders will arrive within one week.
- If you need your medicine sooner, you can call the home delivery pharmacy and ask for overnight delivery. You'll be charged extra for the faster shipping.
- Your orders will be delivered by the U.S. Postal Service, UPS or FedEx.
- With some drugs, you may need to sign to accept delivery.[2]

1 Supplies vary based on your pharmacy plan design.
2 Drugs that are defined as controlled substances are highly regulated, which requires the home delivery pharmacy to follow special rules for filling these prescriptions.

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IngenioRx Mail Service Order Form

Mail this form to:

IngenioRx Home Delivery
PO BOX 94467
PALATINE, IL 60094-4467

Member ID # (if not shown or if different from above)

Prescription Plan Sponsor or Company Name

Please fold here

Instructions:

Please use **blue or black ink** and **print in capital letters.** Fill in **both sides** of this form.

New Prescriptions – Mail your new prescriptions with this form. Number of **New** prescriptions:

Refills – Order by Web, phone, or write in Rx number(s) below. Number of **Refill** prescriptions:

TO RECEIVE YOUR ORDER SOONER request refills or new prescriptions online or by phone at the website/phone number on your member ID card.

A Shipping Address. To ship to an address different from the one printed above, enter the changes here.

Last Name | First Name | MI | Suffix (JR, SR)

Street Address | Apt./Suite #

○ **Use shipping address for this order only.**

City | State | ZIP Code

Daytime Phone #: - - Evening Phone #: - -

B Refills. To order mail service refills, enter your prescription number(s) here.

1) 2) 3) 4)

5) 6) 7) 8)

Log in to check order status and access personalized information about your prescription benefits. When getting a new prescription, be sure to ask your doctor to write it for the maximum amount allowed by your plan, usually a 90-day supply. Make sure your doctor SIGNS and DATES all new prescriptions. We want to provide you with high quality medicines at the best possible price. In order to do this, we will substitute equivalent generic medicines for brand name medicines whenever possible. If you do not want us to substitute generics, please provide specific instructions, including drug names, in the "Special Instructions" section of this form.

We may package all of these prescriptions together unless you tell us not to.

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C **Tell us about the people ordering prescriptions.** If there are more than two people, please complete another form.

First person with a refill or new prescription. ○ Spanish forms and labels

LAST NAME _____ FIRST NAME _____ M Suffix (JR,SR) ___

NICKNAME ___ Gender: ○ M ○ F Date of birth: MM-DD-YYYY

E-mail address: _____ Date new prescription written: _____

Doctor's last name _____ Doctor's first name _____ Doctor's phone # _____

Tell us about new health information for 1st person if never provided or if changed.

Allergies: ○ None ○ Aspirin ○ Cephalosporin ○ Codeine ○ Erythromycin ○ Peanuts ○ Penicillin ○ Sulfa ○ Other: _____

Medical conditions: ○ Arthritis ○ Asthma ○ Diabetes ○ Acid reflux ○ Glaucoma ○ Heart problem ○ High blood pressure ○ High cholesterol ○ Migraine ○ Osteoporosis ○ Prostate issues ○ Thyroid ○ Other: _____

Second person with a refill or new prescription. ○ Spanish forms and labels

LAST NAME _____ FIRST NAME _____ M Suffix (JR,SR) ___

NICKNAME ___ Gender: ○ M ○ F Date of birth: MM-DD-YYYY

E-mail address: _____ Date new prescription written: _____

Doctor's last name _____ Doctor's first name _____ Doctor's phone # _____

Tell us about new health information for 2nd person if never provided or if changed.

Allergies: ○ None ○ Aspirin ○ Cephalosporin ○ Codeine ○ Erythromycin ○ Peanuts ○ Penicillin ○ Sulfa ○ Other: _____

Medical conditions: ○ Arthritis ○ Asthma ○ Diabetes ○ Acid reflux ○ Glaucoma ○ Heart problem ○ High blood pressure ○ High cholesterol ○ Migraine ○ Osteoporosis ○ Prostate issues ○ Thyroid ○ Other: _____

D **Special instructions:** _____

E **How would you like to pay for this order?** (If your copay is $0, you do not need to provide payment information.)

○ **Electronic check.** Pay from your bank account. (You must first register online or call Customer Care.)

○ **Credit or debit card.** (VISA®, MasterCard®, Discover®, or American Express®)

○ Use your card on file.

○ Use a new card or update your card's expiration date.

CARD NUMBER _____ Exp. Date MMYY

Credit card holder signature/Date

○ **Check or money order.** Amount: $ ____ . __

- Make check/money order out to IngenioRx Home Delivery.
- Write your prescription benefit ID number on your check or money order.
- If your check is returned, we will charge you up to $40.

Payment for balance due and future orders: If you choose electronic check or a credit or debit card, we will use it to pay for any balance due and for future orders unless you provide another form of payment.

○ Fill in this oval if you **DO NOT** want us to use this payment method for future orders.

Regular delivery is free and takes up to 5 days after your order is processed.

If you want faster delivery, choose:

○ **2nd business day ($17)**

○ **Next business day ($23)**

Faster delivery can only be sent to a street address, not a PO Box

Expected processing time from receipt of this form:

- Refills: 1-2 days
- New/renewed prescriptions: Within 5 days unless additional information is needed from your doctor

(Charges subject to change)

Please fold here →

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Please fold here →