



Benefits You Can Count On

Community College Systems of New Hampshire
Blue Choice New England Lumenos HRA

**Choosing the
right plan is a very
personal thing.**

Use this book to find one that's

- Right for your lifestyle
- Right for your needs
- Right for your peace of mind





**Please share your
feedback with us
in this short survey.**

Your guide to Anthem Blue Cross Blue Shield

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

Explore the advantages of being an Anthem member.

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

- 1. Our plans can help you stay healthy.** Health plans aren't just something you need when you're sick. We offer easy-to-use plans that are specially designed for people who already have healthy lifestyles. They include things like free preventive care and discounts on over-the-counter products.
- 2. You get more than just basic coverage.** You get access to tools, resources and guidance that are customized just for you. Plus we offer online programs to help you get and stay healthy. They'll help you reach your personal goals to be as healthy as possible.
- 3. There's so much you can do on our website – after all, it was created just for you.** If you have questions, you'll find the answers you're looking for. Here are some things you can do:
 - Order and print out a temporary member ID card if you lose yours
 - Check the status of a claim
 - Search for a doctor, specialist or hospital
 - Learn about hundreds of health and wellness topics
- 4. Finding an in-network doctor, specialist or hospital is a snap.** It's quick and easy to search online. You can make your search specific by choosing a specialty or entering a doctor's name. And if you're away from home, try searching our National Directory.

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

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

Then you're ready to go!

Your guide to Anthem Blue Cross Blue Shield (continued)

Join our health conversation.

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

Connect with us today!

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

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

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

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

Visit our website to easily find a doctor or facility.



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

* Dr. Herb Chase, Columbia University School of Medicine, IBM IBV report, The Future of Connected Healthcare Devices, March 2011.

Understanding your options for health care plans

We think it's important for you to have all the information you need before signing up for a health care plan. Take the time to think about your health care needs and learn how the plans work – so you can make the best decision for you and your family.

Ask these questions before signing up:

Does the plan:

- Have special programs to help you if you have asthma, diabetes or other ongoing conditions?
- Cover physical exams, shots and health screenings to help you stay healthy and avoid health problems?
- Give you information such as brochures, newsletters or online tools about healthy living?
- Offer tools to help you manage your health, as well as your benefits?
- Offer discounts on goods and services to improve your health?

Know the basics of how the plans work

- **Health Reimbursement Account (HRA):** With an HRA, your employer puts money into the account each year, and you use the money for medical expenses. To see how HRAs work, visit anthem.com/HRAbasics.

Here are some definitions:

Deductible: The amount you must pay each year before your plan pays anything. You may have a deductible for health care and a separate one for prescription drugs. Not every plan has a yearly deductible.

Coinsurance: An amount that you pay after you've met your plan's deductible. The plan pays a certain amount and you pay a certain amount.

Copay: A fixed amount (for example, \$15) you pay for a covered health care service, usually when you received the service. The amount can vary by the type of covered health care service.

Know your costs

Health care plans differ in many ways. But with every plan, there's a basic premium, which is how much you and your employer each pay to buy the plan's coverage. The premium may only be a small part of your total cost. There are other payments you may make, which vary by plan. When choosing a plan, try to figure out what the total cost is to you and your family, especially if someone in your family has a chronic or serious health condition.

Think about the following:

- Are there deductibles you must pay before the plan begins to help cover your costs?



Understanding your options for health care plans (continued)

- Are there copays for office visits, ER visits or inpatient hospital stays?
- What is the coinsurance? What part of the cost of services do you have to pay out of your own pocket? If you use doctors that are out-of-network, how much more will you have to pay to get care?

To see the types of costs that come with our different health care plans, take a look at the Summary of Benefits. Your benefits manager can get you a copy for each type of plan if you don't already have one.

Table of Contents

	Page
Your Health Benefits	8
Health, Wellness & Anthem Advantages.....	23
Information You Should Know	34

Helpful links

[anthem.com](https://www.anthem.com)

While you're there check out the Health and Wellness tab

[Facebook.com/HealthJoinIn](https://www.facebook.com/HealthJoinIn)

While you're there check out the Health Personality Quiz

[Twitter.com/HealthJoinIn](https://twitter.com/HealthJoinIn)

[YouTube.com/HealthJoinIn](https://www.youtube.com/HealthJoinIn)

[Healthy Footprint](#)

[Glossary](#)

[Member Online Tools](#)

Your Health Benefits

How to use your Blue Choice New England Lumenos[®] HRA plan

The Lumenos HRA plan has a health reimbursement account your employer funds to help you pay for covered health care costs. It's part of our family of consumer-driven health plans. These plans are designed to help you learn more about your health care choices and take more control of your health care.

The flexibility of the Blue Choice New England network

Blue Choice New England is a point-of-service plan. That means you can choose a participating doctor in Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island or Vermont. If you choose to get care from a doctor in our network though, that care will usually cost less. You'll also have higher levels of coverage than if you get care out of our network.

When you enroll, you will need to choose a primary care physician (PCP)

Your PCP provides preventive care, coordinates care you get from specialists and helps you make decisions about your health.

- **Referrals:** No referrals are needed if you want to see a specialist in our network. The Blue Choice New England network includes thousands of specialists of all kinds throughout Connecticut, Maine, Massachusetts, New Hampshire, Rhode Island and Vermont.

Yearly checkups are covered if you go to a doctor in our network

Schedule your yearly checkup with a doctor in our network and your plan will pay 100% of the costs. This means we won't take money from your HRA. And you won't pay anything out of your pocket.

How your plan works when you see a health care provider

In-network providers: If your provider is in our network, the office staff usually takes care of the paperwork. They'll make a copy of your ID card and send us a claim to be paid.

For covered services, what happens next depends on the following:

- If there's money in your HRA, the cost for services will be paid automatically from your account.
- If you've used all of the money in your HRA but you haven't met your yearly deductible, you'll have to pay for the services out of your own pocket until you reach your deductible.
- After you reach your yearly deductible, traditional health coverage kicks in. Traditional health coverage is where the plan pays part of the cost for a covered service and you, the member, pay your part. It's called coinsurance. You continue to pay coinsurance until you reach your plan's yearly out-of-pocket maximum.
- After you meet your yearly out-of-pocket maximum, the plan will pay 100% of the cost for your covered services, up to the allowed amount. (See your Plan Summary for details.)

After we review a claim, you'll get what is called a Claims Recap. It shows the total cost of the service, the allowable charge (the amount the provider agreed to accept from us) and any amount you may have to pay yourself. If you have any out-of-pocket costs, your doctor will send you a bill. That amount will go toward your yearly deductible and your out-of-pocket maximum.

How to use your Blue Choice New England Lumenos[®] HRA plan (continued)

Out-of-network providers: If your provider is not in our network, you may have to pay for your service at the time of your visit. In order to get some of your money back from us, you may have to file the claim yourself. You can get claim forms from our website at anthem.com. After we review the claim, you'll get an amount of money back that is for the allowable charge. That amount will go toward your yearly deductible and your out-of-pocket maximum. You must pay for any difference between the allowable charge and the total amount charged by your provider.

How your plan works when you fill a prescription

We have many pharmacies in our network, so finding one to fill your prescription is easy.

Go to a pharmacy near you

Just show your ID card when you go to your pharmacy to help make sure you get the right discount for your prescription. You'll get better discounts (and save more money) when you use a pharmacy in our network.

Paying for your prescription depends on the following:

- If there's money in your HRA, the cost of your prescription will be paid from your account and you'll get the discounted price. You'll pay nothing at the pharmacy. The pharmacist will file a claim for you.
- If you've used all the money in your HRA, you'll have to pay for the prescription out of your own pocket when you fill your prescription.
- After you meet your yearly deductible, traditional health coverage kicks in. Traditional health coverage is where the plan pays part of the cost and you, the member, pay your part. This is called your coinsurance or copay. You'll pay that amount when you fill your prescription.
- If you meet your yearly out-of-pocket maximum, the plan will pay 100% of the cost of your covered drugs. (See your Plan Summary for details.)

Use our home-delivery pharmacy and save even more

You can also fill your prescriptions by using our home-delivery pharmacy. It's easy and saves you a trip to a retail pharmacy. Plus, the amount you'll pay may be less than what you would pay at a retail pharmacy. The way you pay for your prescription works the same as when you use a retail pharmacy. But when you use our home-delivery pharmacy, you include a credit card number with the order form that you mail in. We'll only charge your credit card if you don't have enough money in your HRA.

Using generic drugs saves the most money

Many times, you'll have the choice between a brand-name drug or a generic one. Generics are just as safe and work just as well as brand-name drugs, but they cost about 41% less!¹

The next time your doctor prescribes a medicine, ask if a generic drug could work for you instead.

1 Trends in Brand Name and Generic Prescribed Medication Utilization and Expenditures, 1999 and 2003; AHRQ Statistical Brief #144. October 2006.

The Lumenos® HRA plan is designed to empower you to take control of your health, as well as the dollars you spend on your health care. This plan gives you the benefits you would receive from a typical health plan, plus health care dollars to help offset your out-of-pocket health expenses.

Your Lumenos HRA Plan

First - Use your HRA to pay for covered services:

Health Reimbursement Account

With the Lumenos HRA, you receive an **annual allocation from your employer** in your HRA. Funds in your HRA and your Bridge are used to help meet your In Network **annual deductible responsibility**.

HRA Allocation from your employer

\$2,500 individual coverage

\$5,000 family coverage

HRA Allocation may be applied to both In Network and Out of Network Benefits.

Plus - To help you stay healthy, use:

Preventive Care

100% coverage for nationally recommended services.

Preventive Care

No deductions from the HRA or out-of-pocket costs for you as long as you receive your preventive care from a network provider. If you choose to go to an out-of-network provider, your deductible or traditional health coverage benefits will apply.

Then - Your Bridge

After you use all of the money in your HRA, you then pay a Bridge amount out of your pocket until you meet your annual deductible responsibility. Your HRA dollars plus your Bridge amount add up to your annual deductible responsibility.

Your Bridge

In Network

You pay the difference between the HRA funds used and your annual deductible responsibility

Annual Deductible Responsibility

In Network

\$2,500 individual coverage

\$5,000 family coverage

Out of Network

Out of Network

\$5,000 individual coverage

\$10,000 family coverage

* This plan includes a family deductible, which means that the medical expenses of all family members count toward the deductible. Once the full deductible has been satisfied, all family members are covered under the Traditional Health Coverage portion of the plan. In-Network and Out of Network deductibles do not cross accumulate.

Health Account + Bridge = Deductible

If needed -

Traditional Health Coverage

Your traditional health coverage begins after you have met your full annual deductible.

Traditional Health Coverage

After you meet your annual deductible, the plan pays:

100% for network providers

70% for out-of-network providers

After you meet your annual deductible, your coinsurance responsibility is:

0% for network providers

30% for out-of-network providers

Rx: Retail: \$10/\$35/\$50 up to your annual out-of-pocket maximum 30% for Out of Network providers up to your annual out-of-pocket maximum

Mail: \$20/\$70/\$150 up to your annual out-of-pocket maximum. 30% for Out of network providers up to your annual out-of-pocket maximum.

Total annual deductible must be met before Tiered Rx copays apply

Additional protection:

For your protection, the total amount you spend out of your pocket is limited. Once you spend that amount, the **plan pays 100% of the cost for covered services** for the remainder of the benefit year.

Annual Out-of-Pocket Maximum

Network Providers

\$5,000 Individual coverage

\$10,000 Family coverage

Out-of-Network Providers

\$10,000 Individual coverage

\$20,000 Family coverage

Your annual out-of-pocket maximum consists of funds you spend from your HRA, your

Earn More Money for Your Account

What's special about your HRA plan is that you may earn rewards dollars to redeem for gift cards to select retailers. It's how your Lumenos plan rewards you for taking steps to improve your health.

Earn Rewards:

If you do this: You can earn these rewards dollars for gift cards

Complete the MyHealth Assessment online \$50

Enroll in a Health Coaching Program \$100

Graduate from a Health Coaching Program \$200

Complete our Healthy Lifestyles: Tobacco-Free Program \$50

Complete our Healthy Lifestyles: Healthy Weight Program \$50

GHRA1385 CCSNH (01-14)

*For a complete list of exclusions and limitations, please refer to your Certificate of Coverage. Some covered services may require pre-approval.

Earn Rewards

You can earn Healthy Rewards dollars to redeem for gift cards at select retailers. Earn Healthy Rewards for the following:

- **MyHealth Assessment:** You and your family members can complete the MyHealth Assessment, our online tool designed to help measure your overall health. One adult family member is eligible to earn \$50 per plan year. The health information you provide is strictly confidential.
- **Health Coaching Programs:** If you qualify for one of our health coaching programs, you'll receive one-on-one assistance from a registered nurse to help you manage a health condition. Health conditions may include, but are not limited to, diabetes, asthma, high blood pressure, heart disease and pregnancy. You'll receive \$100 for enrolling in a qualified program (one reward per covered person per year). You'll receive \$200 for achieving your health goals and graduating from the program (one reward per covered person per year).
- **Tobacco-Free Program:** This program helps you manage withdrawal symptoms, identify triggers and learn new behaviors and skills to remain tobacco-free. Participation is open to you and your covered family members age 18 or older, and includes phone counseling support, online tools, and nicotine-replacement therapy coverage. You and your spouse are eligible to receive \$50 (one reward per person per lifetime) for completing this program.
- **Healthy Weight Program:** Our Healthy Weight Program provides personalized online and phone support to help you adopt lifestyle changes necessary to lose weight and maintain weight loss. A team of trained health professionals with expertise in weight management will help you address healthy eating, physical activity and exercise, stress management, and more. You and your covered family members age 18 and older who have a Body Mass Index (BMI) of 25 or higher are eligible for this program. You and your spouse are eligible to receive \$50 (one reward per person per lifetime) for completing this program.

Summary of Covered Services

Preventive Care

Anthem's Lumenos HRA plan covers preventive services recommended by the U.S. Preventive Services Task Force, the American Cancer Society, the Advisory Committee on Immunization Practices and the American Academy of Pediatrics. The Preventive Care benefit includes screening tests, immunizations and counseling services designed to detect and treat medical conditions to help prevent avoidable premature injury, illness and death.

All preventive services received from a network provider are covered at 100%, are not deducted from your HRA and do not apply to your deductible. If you see an out-of-network provider, then your deductible or out-of-network coinsurance responsibility will apply. If you receive any of these services for diagnostic purposes — for example, a colonoscopy when symptoms are present — the appropriate plan deductible and coinsurance will apply and available account dollars may be used to cover costs.

The following is an overview of the types of preventive services covered:

Child Preventive Care

****Office Visits** for preventive services

****Screening Tests** for vision, hearing, and lead exposure. Also includes pelvic exam and Pap test for females who are age 18, or have been sexually active.

****Immunizations:**

Hepatitis A
Hepatitis B
Diphtheria, Tetanus, Pertussis (DtaP)
Varicella (chicken pox)
Influenza – flu shot
Pneumococcal Conjugate (pneumonia)
Human Papilloma Virus (HPV) – cervical cancer
H. Influenza type b
Polio
Measles, Mumps, Rubella (MMR)

Adult Preventive Care

****Office Visits** for preventive services

****Screening Tests** for coronary artery disease, colorectal cancer, prostate cancer, diabetes, and osteoporosis. Also includes mammograms, as well as pelvic exams and Pap test.

****Immunizations:**

Hepatitis A
Hepatitis B
Diphtheria, [Tetanus, Pertussis (DtaP)
Varicella (chicken pox)
Influenza – flu shot
Pneumococcal Conjugate (pneumonia)
Human Papilloma Virus (HPV) – cervical cancer

**Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

GHRA1385 CCSNH (1/14)

If you have questions, please call toll-free 1-800-870-3122.

Summary of Covered Services (Continued)

Medical Care

Anthem's Lumenos HRA plan covers a wide range of medical services to treat an illness or injury. You can use your available HRA funds to pay for these covered services. Once you spend up to your deductible amount shown on Page 1 for covered services, you will have traditional health coverage with the coinsurance listed on Page 1 to help pay for additional covered services.

The following is a summary of covered medical services under Anthem's Lumenos HRA plan:

- | | |
|---|--|
| <ul style="list-style-type: none"> • Physician Office Visits • Inpatient Hospital Services • Outpatient Surgery Services • Diagnostic X-rays/Lab Tests • Emergency Hospital Services
(in-network coinsurance applies to both in-network and out-of-network) • Inpatient and Outpatient Mental Health and Substance Abuse Services | <ul style="list-style-type: none"> • Maternity Care • Chiropractic Care • Prescription Drugs • Home Health Care and Hospice Care • Physical, Speech, and Occupational Therapy Services • Durable Medical Equipment |
|---|--|

Some covered services may have limitations or other restrictions. With Anthem's Lumenos HRA plan, the following services are limited:

- Skilled nursing facility services limited to 100 days per calendar year.
- Physical Therapy, Occupational Therapy, and Speech Therapy, up to a combined maximum of 60 visits per member per calendar year.
- Inpatient hospitalizations require authorizations.
- Home health care services: unlimited days per member per calendar year
- Durable Medical Equipment: unlimited per member per calendar year.
- Chiropractic Visits: unlimited per member per calendar year.
- Nutritional Counseling unlimited per member per calendar year (in-network benefit only)
- Your Lumenos HRA plan has a lifetime unlimited maximum

For a complete list of exclusions and limitations, please reference your Certificate of Coverage.

Specific state mandates regarding limitations may apply

Other:

- Fitness Equipment Reimbursement \$200 per full time employee per calendar year OR Health Club Benefit \$450 per full time employee per calendar year. This is a taxable benefit.
- Health Education Reimbursement : \$150 per family per calendar year
- Eyewear benefits: \$100 every two years per family member (Includes eyeglasses (frames and lenses) and contact lenses)



BlueChoice™ New England HRA Lumenos HRA Plan Summary

Additional limitations and exclusions may apply. For a complete list of exclusions and limitations, please refer to your Certificate of Coverage. Some covered services may require pre-approval.

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

Included are preventive care services that meet the requirements of federal and state law, including certain screenings, immunizations and physician visits.

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

Please note: This summary is intended to be a brief outline of coverage and is not intended to be a legal contract. The entire provisions of benefits and exclusions are contained in the Group Master Contract, Certificate and Cost Sharing Schedule. In the event of a conflict between the Group Master Contract and this description, the terms of the Group Master Contract will prevail. This summary is for a full year in the Lumenos plan. If you join the plan mid-year or have a qualified change of status, your actual benefit levels may vary.

Additional limitations and exclusions may apply.

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GHRA1385 (01-14)

4 of 4

If you have questions, please call toll-free 1-800-870-3122.

Take care of yourself

Remember to get preventive care

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

Our health plans cover 100% of the services listed in this preventive care flier.¹ When you get these services from doctors in your plan's network, you don't have to pay anything out of your own pocket. You may have to pay part of the costs if you use a doctor outside the network.

Preventive versus diagnostic care

What's the difference? Preventive care helps protect you from getting sick. Diagnostic care is used to find the cause of existing illnesses.

For example, say your doctor suggests you have a colonoscopy because of your age when you have no symptoms. That's preventive care. On the other hand, say you have symptoms and your doctor suggests a colonoscopy to see what's causing your symptoms. That's diagnostic care.

Here's a listing of the types of preventive services we cover. See your benefit plan to learn more.

Child preventive care (birth through 18 years)

Preventive care physical exams are covered. So are the screenings, tests and vaccines listed here. The preventive care services listed below may not be right for every person. Ask your doctor what's right for you.

Preventive physical exams

Screening tests (depending on your age) may include

- Behavioral screening and counseling to promote a healthy diet
- Blood pressure
- Cervical dysplasia screening
- Cholesterol and lipid level
- Depression screening
- Development and behavior screening
- Hearing screening
- Height, weight and body mass index (BMI)
- Hemoglobin or hematocrit (blood count)
- Lead testing
- Newborn screening
- Oral (dental health) assessment
- Screening and counseling for obesity
- Screening and counseling for sexually transmitted infections
- Type 2 diabetes screening
- Vision² screening

Take care of yourself (continued)

Immunizations

- Diphtheria, tetanus and pertussis (whooping cough)
- Haemophilus influenza type b (Hib)
- Hepatitis A
- Hepatitis B
- Human papillomavirus (HPV)
- Influenza (flu)
- Measles, mumps and rubella (MMR)
- Meningococcal (meningitis)
- Pneumococcal (pneumonia)
- Polio
- Rotavirus
- Varicella (chicken pox)

Adult preventive care (19 years and older)

Preventive care physical exams are covered. So are the screenings, tests and vaccines listed here. The preventive care services listed below may not be right for every person. Ask your doctor what's right for you.

Preventive physical exams

Screening tests and services (depending on your age) may include

- Aortic aneurysm screening (men who have smoked)
- Blood pressure
- Bone density test to screen for osteoporosis
- Breast cancer, including exam and mammogram
- Breastfeeding support, supplies and counseling (female)^{3, 4}
- Cholesterol and lipid (fat) level
- Colorectal cancer, including fecal occult blood test, barium enema, flexible sigmoidoscopy, screening colonoscopy and CT colonography (as appropriate)
- Contraceptive (birth control) counseling and FDA-approved contraceptive medical services provided by a doctor, including sterilization (female)^{4, 5}
- Depression screening
- Eye chart test for vision²
- Height, weight and BMI
- HIV screening and counseling
- HPV screening (female)⁴
- Intervention services (includes counseling and education):
 - Behavioral counseling to promote a healthy diet
 - Counseling related to aspirin use for the prevention of cardiovascular disease (does not include coverage for aspirin)
 - Counseling related to genetic testing for women with a family history of breast or ovarian cancer
 - Counseling related to chemoprevention for women with a high risk of breast cancer
 - Primary care intervention to promote breastfeeding

Take care of yourself (continued)

- Screening and behavioral counseling related to alcohol misuse
- Screening and behavioral counseling related to tobacco use
- Screening and counseling for interpersonal and domestic violence
- Screening and counseling for obesity
- Pelvic exam and Pap test, including screening for cervical cancer
- Prostate cancer, including digital rectal exam and PSA test
- Screenings during pregnancy (including, but not limited to, gestational diabetes⁴, hepatitis, asymptomatic bacteriuria, Rh incompatibility, syphilis, iron deficiency anemia, gonorrhea, chlamydia and HIV)
- Sexually transmitted infections
- Immunizations
- Type 2 diabetes screening

Immunizations

- Diphtheria, tetanus and pertussis (whooping cough)
- Hepatitis A
- Hepatitis B
- HPV
- Influenza (flu)
- Meningococcal (meningitis)
- MMR
- Pneumococcal (pneumonia)
- Varicella (chicken pox)
- Zoster (shingles)

This sheet is not a contract or policy. 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 & Limitations.

- 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 Ohio 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 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.
- 4 This benefit is covered under health care reform's women's preventive services. For group plan members, these services are covered with policy years beginning after August 1, 2012. For members with individual coverage, these benefits are effective for new members on or after August 1, 2012 and for current members on January 1, 2013. This benefit also applies to those younger than 19.
- 5 To get 100% coverage for a covered prescription for birth control, it must be a generic drug or a brand-name drug that doesn't have a generic equivalent. Also, you'll need to fill the prescription at an in-network pharmacy. A cost-share may apply for other prescription contraceptives, based on your drug benefits.

Your pharmacy benefits

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

Save money on your prescriptions

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

Choose the drugs you need from our drug list

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

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

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

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

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

Try generic drugs

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

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

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

Your pharmacy benefits (continued)

Visit in-network pharmacies

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

To make sure your pharmacy is in our network, visit [anthem.com](https://www.anthem.com). Click on **Prescription Benefits** and sign in. On the pharmacy page, click on **Find a Pharmacy**.

Sign up for our convenient Home Delivery Pharmacy

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

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

Get support from our specialty pharmacy

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

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

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

Information at your fingertips

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

Check out [anthem.com](https://www.anthem.com)

Simply click on Prescription Benefits and sign in. Once you're signed in, you'll have access to lots of tools and drug information, all in one spot. You can check order status, order refills, price a drug, renew a prescription and much more. And when you're on the go, just type [anthem.com](https://www.anthem.com) into any mobile web browser to find in-network pharmacies near you. You can also find in-network doctors, hospitals and ERs.

Getting started with Home Delivery Pharmacy

If you take prescribed medicine on a regular basis, you can get up to a 90-day supply mailed right to your door.* Here's how to start:

Step one

Create a profile with your contact information and billing information

There are two ways to do this:

- **By phone:** Call 866-217-2657, or
- **Online:** Log into anthem.com.
 - Click on "Prescription Benefits," (if you haven't done so, register on anthem.com).
 - Click on "Switch to Home Delivery." You'll be sent to the Express Scripts website.
 - Click on "My Profile & Settings" and complete the following sections:
 - + Your personal information
 - + Payment method

Remember, we cannot process your order without having your contact and billing information on file.

Step two

See your doctor for a prescription for a 90-day supply of your medicine

You'll need a 90-day supply of your prescription for your first Home Delivery Pharmacy order. But you should also ask your doctor to write you another prescription for an additional 30-day supply. This is so you can get the 30-day supply filled at your local pharmacy while your first Home Delivery order is being processed.

Step three

Send us your prescription

There are two ways you can put your first order in:

- **By Fax:** Ask your doctor to fax us your prescription and member ID card to 866-272-8856
- **By mail:** Go to anthem.com and download a form and mail it to us
 - Log in then click on "Refill a Prescription." You'll be sent to the Express Scripts website.
 - Click on "Fill a New Prescription," then "Print an Order Form."
 - You can choose to print a blank form or one that has your information already on it.
 - Click on "Print Your Form."
 - Fill out the form and mail it with your prescription to:
Home Delivery Pharmacy
PO Box 66558
St. Louis, MO
63166-6558

Important: All prescriptions and refills, including those submitted by your physician, are processed as soon as they are received. Please do not submit your prescription unless you are ready to have it filled.

Step four

Pay for your prescription

The Home Delivery Pharmacy accepts many payment methods. Use the option that's best for you. You can pay with a check, money order, major credit card or debit card. You can also keep a major credit card on file for easy payments. With this option, you can increase or decrease the maximum limit charged to the card to help you manage your out-of-pocket costs more effectively. For more information or questions about credit card payments, please call the number on your ID card.

Important to know

Your medicine will be sent to your home within two weeks from the time the Home Delivery Pharmacy gets your order. If you need your medicine sooner, call 866-217-2657 to ask for your order to be sent overnight. You will be charged an additional fee. Your order will be sent through the post office, UPS or FedEx. Please note, with some medicines, you may have to sign to accept delivery.

Need to order refills? It's even easier!

You can order refills by phone, mail or at [anthem.com](https://www.anthem.com). Refills take about three to five days to process and ship. Here's how to order a refill:

By phone

- Have your prescription label and credit card ready.
- Call 866-217-2657 and select "Automated Refill Order Line" from the menu. Or press zero any time to speak with a representative. If you are speech or hearing impaired, call 800-899-2114.
- Follow the prompts to place your order.

By mail

Fill out the order form that you got with a previous order. Attach your label from the medicine or write your refill number in the space provided. Mail the form and your payment to the Home Delivery Pharmacy address.

Online

- Log in (username/password required) and click "Pharmacy."
- Under Pharmacy Self Service, click "Order a Refill."
- You will be redirected to the Express Scripts site.
- Choose the drugs you want to refill, and click "Add Refills to Cart."
- Review the order, shipping method, payment method, medical information and contact information.
- Click "Place My Order."

Auto Refill

Follow the first three steps above for ordering refills online, then:

- Click the "Setup Auto Refills" tab
- Follow the easy steps to Select prescriptions, choose refill dates and review your order.

We're here to help

If you have questions about how to get started with the Home Delivery Pharmacy, just give us a call at 866-217-2657, 24 hours a day, 7 days a week.



EXPRESS SCRIPTS®

HOME DELIVERY PHARMACY ORDER FORM

To MAIL your prescription:

1. "Patient" box must be filled out.
2. Have your Doctor write a prescription.
3. Send your new prescription along with this completed form to:
Express Scripts Home Delivery Service
PO Box 66558
St. Louis MO 63166-6558

To FAX your prescription:

1. Both "Dr/Prescriber" and "Rx Form" boxes must be filled out.
2. Doctor can fax to: 1-866-272-8856
 - **Class II prescriptions cannot be faxed.**
 - Faxes will only be accepted from a doctor's office.

PATIENT

Member ID: _____
First Name: _____ Last Name: _____
Date of Birth: _____ Phone: _____
Address: _____
E-mail: _____
Allergies: _____
Health Conditions: _____
Over-the-Counter Medications: _____

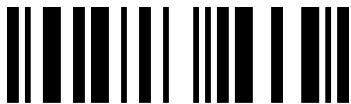
DOCTOR/PRESCRIBER

DEA: _____
Name: _____
Address: _____
Phone: _____
Fax: _____

PATIENT OPTIONS

- ☐ I want non-child resistant caps, when available.
- ☐ I want a copy of my bottle label in large print on a separate sheet of paper.
- ☐ Check here for rush delivery. Once your order is received and filled, it will be shipped overnight for \$21.

If you want to make a payment or update your health conditions, please visit your health plan provider's website.



2161

Rx

First Name

Last Name

Date: ____ / ____ / ____

Drug Name/Form/Strength

Qty

Directions for Use

Refills

X

Doctor/Prescriber Signature – Substitution Permissible

X

Doctor/Prescriber Signature – Dispense as Written

Stamped signatures cannot be accepted.

Important Confidentiality Notice: This and any documents accompanying this transmission may contain confidential health information that is legally privileged. This information is intended only for the use of the individual or entity named above. The authorized recipient of this information is prohibited from disclosing this information to any other party unless required to do so by law or regulation. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution, or action taken in reliance on the contents of these documents is strictly prohibited. If you have received this information in error, please notify the sender immediately and arrange for the return or destruction of these documents.

Health, Wellness & Anthem Advantages

Your Anthem plan has so much to offer, you won't want to miss a thing.

Register at anthem.com today!

Understanding your health plan just got a whole lot easier.

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

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

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

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

To learn more visit anthem.com/costvideo.

Look up your claims

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

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

Coverage AdvisorSM

A customized comparison of your health care needs and costs

You have a wide range of Anthem health plans to choose from; Coverage Advisor helps you choose the right one for you and your family. It helps you forecast your health care needs and costs and provides you with a clear comparison of benefit plans. If you have a medical savings account, it can also recommend contribution amounts to help cover expenses.

To learn about all the great tools on anthem.com go to anthem.com/guidedtour

Your Anthem plan has so much to offer, you won't want to miss a thing. (continued)

Find out which doctors are getting high marks from patients with the Zagat® Health Survey

You can benefit from the experiences of fellow Anthem Blue Cross Blue Shield (Anthem) members to help you find the doctor that's right for you. We've teamed up with Zagat Survey, one of the world's most trusted sources of recommendations by consumers, for consumers. Rate your doctors and also see how others have rated them as well.

Find a Doctor (dentist, pharmacy or hospital)

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

To search our online Provider Finder:

- Log in at anthem.com
- Select "Find a Doctor" and follow the steps on the screen.

Print a temporary ID card

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

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

Get members' only discounts on health-related products and services through SpecialOffers

Enjoy discounts such as 20% savings on vitamins and supplements. Save \$20 with a minimum purchase of \$100, plus free shipping and free returns at 1-800 CONTACTS and Glasses.com. Get more from your membership by exploring over 50 discounts available to you.

Health and wellness information with lots of personal support

Keeping you healthy is our main goal. Helping you do it makes us happy. So let's get you going.

Take the online MyHealth Assessment. It's your first step toward a healthier lifestyle.

Health Assessment is a private questionnaire that you fill out online. This is the place where we can get a good picture of your current health situation, future health goals and possible health risks. Once you fill out the questionnaire you'll get a health assessment score and a risk profile based on your answers. You'll also get tips and action plans to help you improve your health.

For a look at how MyHealth Assessment works go to anthem.com/guidedtour/assessment.

Your Anthem plan has so much to offer, you won't want to miss a thing. (continued)

Keep your health history organized in one safe place with MyHealth Record

Enter your personal medical information to keep on file for easy access for everyday use or if there's an emergency. You can enter dates of immunizations, tests and screenings, prescription and over-the-counter drugs you take, medical conditions and more. You can also print your information so you can easily share it with your doctors. This can help avoid potential drug interactions and taking the same tests and procedures more than once.

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

Achieve your health goals with the help of Healthy Lifestyles

Whether you'd like to lose weight, stop smoking, stress less and exercise more, you'll get the support you need with Healthy Lifestyles online tools and resources. Take advantage of online fitness tracking and customized workout plans, discounts on spa services and massage therapists, healthy recipes, quit smoking programs and more. Plus, you can get added support from our online community forums.

Isn't it time your life got a little easier. If you're not already registered at anthem.com, why not do it now? It's fast, secure and oh so easy!

360° Health® programs

Options. Extras. Support. Helping you improve your health and wellness.

Your health goals and needs are as unique as you are. What's right for one person is not always right for another. Maybe you're managing a health condition. Or maybe you want to stay healthy, eat better or get in shape. Whatever your needs, Anthem gives you a choice of programs to help you meet your personal goals in a way that fits you and helps you live your life to the fullest. From tips and tools to help you learn about preventive care to nurses who can answer your health questions anytime, 360° Health can help you take better control over your health. And it can give you the power to make the decisions that are right for you.

To learn more about 360° Health, go to anthem.com. Look under Health and Wellness. Here are programs we offer:

24/7 NurseLine

Round-the-clock access to health information can really help your peace of mind and your physical well-being. That's why we have registered nurses ready to speak with you about your general health issues any time of the day or night. Just call the 24/7 NurseLine toll-free number to get answers to questions like these:

- Can the problem be treated at home?
- Do you need to see your doctor?
- Should you go to the emergency room or urgent care for this? Where is the nearest one?

Making the right call can help you avoid unnecessary worry and costs. And, most importantly, it can help safeguard your health and the health of your family. To learn more visit anthem.com/nurseline_video.

To reach 24/7 NurseLine, just call the customer service number on your ID card and ask to speak to a 24/7 NurseLine representative.

Future Moms

If you are pregnant, we know your goal is to have a safe delivery and a healthy baby. Our Future Moms program helps you make healthy choices while you're pregnant and when you deliver your baby. Register for Future Moms and you'll get:

- 24/7 toll-free access to a registered nurse who'll answer your questions and talk to you about pregnancy-related issues. Our nurses will also call to see how you're doing.
- A helpful book: ***Your Pregnancy Week by Week*** and a maternity care diary.
- Tips and facts to help you handle any unexpected events.
- A questionnaire to see if you're at risk for preterm delivery.
- Useful tools to help you, your doctor and your Future Moms nurse track your pregnancy and spot possible risks.

Enroll in Future Moms by calling the customer service number on your ID card. Ask to speak to a Future Moms representative. To learn more visit anthem.com/futuremoms_video.

360° Health® programs (continued)

ConditionCare

If you or a covered family member has an ongoing illness or health problem, let us help you get more out of life. Our ConditionCare nurses help people of all ages take care of the symptoms of asthma and diabetes. And they work closely with adults who have chronic obstructive pulmonary disease (COPD), heart failure and coronary artery disease. With ConditionCare you'll get the tools you need to help you feel your very best. Our ConditionCare nurses gather information from you and your doctor. Then they create a personalized plan for you.

Information and support are as close as your phone. Call the customer service number on your ID card and ask to speak to a ConditionCare Nurse. To learn more visit anthem.com/conditioncare_video.

ConditionCare support programs

If you or a covered family member has certain types of cancer, vascular or musculoskeletal diseases, or low back pain, ConditionCare may be able to help. The program gives you toll-free, 24-hour access to Nurse Coaches. These coaches are registered nurses who can help you better control your condition and help you follow your doctor's care plan. A team of pharmacists, dietitians and health educators work together to help you. ConditionCare also gives you the information and tools that can help you avoid unnecessary visits to the doctor, hospital stays and time away from work.

Ready to take more control of your health? Call the customer service number on your ID card and ask to speak to a ConditionCare Nurse.

MyHealth Advantage

MyHealth Advantage can keep you and your bank account healthier.

Here's how it works: We review your health status daily and check to see what medications you're taking. If we see that any of your medicines could interact with each other, we contact your doctor right away. We also keep track of when you need routine tests and checkups. If we notice anything that needs attention, we send you a reminder called a "MyHealth Note".

MyHealth Note has a summary of all your recent claims. And from time to time, we give you tips on how to save you money on your medications. To learn more visit anthem.com/myhealthadvantage_video.

ComplexCare

ComplexCare is for our members with more than one health problem or a condition that puts them at risk for needing more care, more often.

With ComplexCare, you have 24/7 toll-free access to nurses who will work one-on-one with you to teach you about taking care of your condition while living the life you like to live. They'll also help you learn about why it's important to go for regular checkups and screenings. The nurses can help you make better choices about your care. They can also help make sure your doctors

360° Health[®] programs (continued)

all talk to each other about your care and what's best for you. If you qualify for the ComplexCare program, a nurse will contact you.

To learn more, log on to anthem.com or contact the customer service number on your ID card.

360° Health® programs for all Lumenos Plans

Lumenos® members, looking for ways to be healthier? Just look around. Through 360° Health®, you're surrounded by tools, resources and programs that can help you and your family live healthier. Best of all, there are no additional costs. It's all part of your Lumenos plan. Get to know your health

Get to know your health

When it comes to your health, there's no such thing as too much information. And, you'll find loads of reliable health information through anthem.com. Always secure and confidential, this site also includes tools and resources to help you learn more about your health.

Find extra support when you need it the most

When it comes to tackling a health issue or reaching a health goal, there's no reason to go it alone. Recruit the assistance of a health expert who can give you the guidance you need – when you need it the most.

24/7 NurseLine

Your health concerns don't keep normal business hours. That's why 24/7 NurseLine is available to you anytime, day or night. Call the toll-free number on your ID card to talk with a nurse about a general health question or for information about an urgent health concern. Depending on your health issue, you may receive a follow-up call to make sure you've taken the necessary steps to access medical care.

MyHealth Coach

Partner with a personal nurse or health coach who can help you reach your personal health goals. Your MyHealth Coach can help answer questions about a health concern or help you navigate your benefits. You can even get educational support for conditions like high blood pressure, high cholesterol, lower back pain, certain types of cancer, hip replacements, knee replacements and more.

Future Moms

Moms-to-be are only a phone call away from a nurse who can discuss pregnancy-related matters. The Future Moms program also includes other prenatal goodies, such as a book about pregnancy, and a week-by-week pregnancy tracking tool.

Healthy Lifestyles: Online

When it comes to staying healthy, eating right and exercising, you need a plan that works for you. With Healthy Lifestyles: Online, you have access to a suite of interactive resources to help you build a personal health improvement plan based on your goals, learn about diet and nutrition tips or find information on exercises. You'll even be able to link into an online community, where you can find support to help you quit smoking or lose weight.

Healthy Lifestyles: Tobacco-Free

There's more than one way to kick the habit. Through the Healthy Lifestyles: Tobacco-Free program, you'll receive a personalized quit plan that's tailored to your unique needs. Plus, you'll

360° Health® programs for all Lumenos Plans (continued)

never be too far from the support and motivation you need. We're there for you by telephone and the web. Nicotine replacement therapy is available, too.

Healthy Lifestyles: Healthy Weight

When it comes to maintaining a healthy weight, one size does not fit all. Through the Healthy Lifestyles: Healthy Weight program, we'll help you create a healthy weight plan that's tailored to you. Then, we'll provide telephone and online support to help keep you motivated and on track. You'll even be able to link into an online community, so you can find support from others.

Take control of a health condition

If you have a chronic health condition, you know how important it is to stay on top of it. That's why we offer personalized management programs that can help you take control.

ConditionCare

Just because you're living with a chronic condition doesn't mean you've lost control of your health. The ConditionCare program can help you better manage chronic conditions including asthma, diabetes, heart failure, coronary artery disease (CAD) and chronic obstructive pulmonary disease (COPD). Our dedicated nurse coaches work with you to help you take steps toward better health.

ComplexCare

If you are dealing with a complex health issue, such as having multiple health conditions, you may like the added support offered through the ComplexCare program. Personalized nurses will help coordinate your care, offer health and lifestyle coaching, and give you strategies that will help you better manage your health.

Better health is your greatest reward. Of course, extra incentives help, too.

You may be eligible to earn rewards when you tap into any of the following 360° Health programs:

- MyHealth Assessment
- ConditionCare
- Future Moms
- MyHealth Coach
- Healthy Lifestyles: Tobacco-Free
- Healthy Lifestyles: Healthy Weight

Check with your employer to learn how these rewards work at your company.

Give us a call

For more information about 360° Health or to enroll in a specific program, call the Customer Service number on your member ID card.

Home Exercise Equipment Reimbursement Program



Home Exercise Equipment Reimbursement Program

It's about living right, a little exercise, good eating habits and a positive outlook. It's a 24/7 job and you need the right tools to help get the job done. But where can you find the right tools?

Just for HMO Members

HMO members are eligible to receive reimbursement for:

Up to \$450 per subscriber per calendar year (January 1 – December 31) for membership dues at participating fitness clubs when they workout a minimum of eight times per month. (Note: this form is for Home Exercise Equipment Reimbursement only.)

OR

Up to \$200 per subscriber per calendar year (January 1 – December 31) for the purchase of one piece of home exercise equipment that provides a cardiovascular/muscular total-body workout.

Please note:

Members may choose only one of these options per calendar year. These options cannot be combined.

Please expect 6 to 8 weeks for reimbursement.

Be sure to keep copies of your reimbursement form and receipt for your files.

Please remember to consult your physician before starting any exercise or weight loss program.

Eligible Home Exercise Equipment

HMO members are eligible to receive reimbursement for up to \$200 per subscriber contract per calendar year (January 1 – December 31) for the purchase of one piece of home exercise equipment that provides a cardiovascular/muscular total-body workout. Equipment must be new and purchased at a retail store. The following pieces of equipment are eligible for reimbursement:

- Treadmills
- Stationary cycles
- Bike stands (to convert road bike to stationary cycle)
- Stair climbing machines
- Elliptical machines
- Rowing machines
- Cross-country ski machines
- Air walkers
- Home gyms
- Total body weight resistance machines

The following pieces of exercise equipment are not eligible for reimbursement: muscle-specific resistance equipment such as abdominal rollers, thigh or buttocks machines; exercise videos or mats; outdoor recreational equipment such as golf clubs, bicycles, game balls, skates, skis, tennis racquets, or rollerblades; exercise clothing or shoes and any used equipment.

Please call Anthem Blue Cross and Blue Shield Customer Service at 800-870-3122 to confirm coverage for a specific piece of equipment.

Home Exercise Equipment Reimbursement Form



Please read and follow the instructions located on this form. You are required to complete all unshaded areas of the form by printing clearly with a non-erasable ink pen. This form will be returned if 1) the form is not completed with the required information, and 2) a photocopy of the original receipt is not attached. Anthem Blue Cross and Blue Shield will send reimbursement to the subscriber when approved. Please expect 6-8 weeks to process your request for reimbursement.

MEMBER INFORMATION					
Member last name		First name		M.I.	Sex <input type="checkbox"/> Male <input type="checkbox"/> Female
Member birthdate (MMDDYY)	Member ID no. as shown on your ID card - Anthem members include your 3-letter prefix				
Group (employer) name				Division no.	
Subscriber last name		First name		M.I.	Phone no.
Subscriber street address <input type="checkbox"/> Check if new address			City		State ZIP code
Name of store where equipment was purchased			City where purchased		State ZIP code
Participating vendor ID no. 82-9999999-NH-02			Name of equipment		
DO NOT WRITE IN SHADED AREAS					
Date of purchase	Place of service OL	Diagnosis code 799.89	Cost of equipment \$	Procedure code A9300	
I authorize the release of any information necessary to process this request for reimbursement to Anthem Blue Cross and Blue Shield. I agree to the information written above, and verify that the member met the requirements of the program.					
Member signature X					Date

The person signing this form is advised that the willful entry of false or fraudulent information renders you liable to be withdrawn from this fitness reimbursement program.

REIMBURSEMENT INSTRUCTIONS

The Home Exercise Equipment Reimbursement Form is to be completed by the member purchasing the home exercise equipment. Attach a photocopy of the original receipt to this form.

Please follow the instructions below when completing this form.

1. Fill in all unshaded sections.
2. Sign and date the form when completed and retain a copy for your records (form will not be returned).
3. Send the completed Home Exercise Equipment Reimbursement Form, and photocopy of the original receipt to:

Claims Department
Anthem Blue Cross and Blue Shield
P.O. Box 533
North Haven, CT 06473-0533

4. If you have any questions about this program, please call the Customer Service number listed on the back of your ID card.

Member reimbursement will be denied if:

- The member was not a current or eligible Anthem Blue Cross and Blue Shield member when home exercise equipment was purchased
- The member did not complete the requirements of the program

This form will be returned if:

- The form is not completed with the required information
- A photocopy of the original receipt is not attached to this form

Information You Should Know

Managing your care if you need to go to a hospital or get certain medical treatment

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

Utilization management

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

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

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

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

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

The concurrent review (done during medical care and recovery)

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

Managing your care if you need to go to a hospital or get certain medical treatment (continued)

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

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

Case management

Case managers are licensed health care professionals who work with you and your doctor to help you learn about and manage your health conditions. They also help you better understand your health benefits.

Preauthorization

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

Here’s how getting preauthorization can help you out:

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

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

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

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

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

Your rights and responsibilities as a member

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

You have the right to:

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

Your rights and responsibilities as a member (continued)

You have the responsibility to:

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

For details about your coverage and benefits, please read your "Subscriber Agreement".

Important legal information you should take time to read

Women's Health and Cancer Rights Act of 1998

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

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

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

HIPAA NOTICE OF PRIVACY PRACTICES

The HIPAA Notice of Privacy Practices explains the rules around how we handle your private information under HIPAA laws. Plain and simple... we don't share your information unless it's needed to manage your benefits or you give us the OK to do it.

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

Your Protected Health Information

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

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

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

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

To You: We must give you access to your own PHI. We may also contact you to let you know about treatment options or other health-related benefits and services. When you or your

Important legal information you should take time to read (continued)

dependents reach a certain age, we may tell you about other products or programs for which you may be eligible. This may include individual coverage. We may also send you reminders about routine medical checkups and tests.

To Others: You may tell us in writing that it is OK for us to give your PHI to someone else for any reason. Also, if you are present, and tell us it is OK, we may give your PHI to a family member, friend or other person. We would do this if it has to do with your current treatment or payment for your treatment. If you are not present, if it is an emergency, or you are not able to tell us it is OK, we may give your PHI to a family member, friend or other person if sharing your PHI is in your best interest.

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

If you are enrolled with us through an employer sponsored group health plan, we may share PHI with your group health plan. We and/or your group health plan may share PHI with the sponsor of the plan. Plan sponsors that receive PHI are required by law to have controls in place to keep it from being used for reasons that are not proper.

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

Genetic Information: If we use or disclose PHI for underwriting purposes, we are prohibited from using or disclosing PHI that is genetic information of an individual for such purposes.

Your Rights

Under federal law, you have the right to:

- Send us a written request to see or get a copy of certain PHI or ask that we correct your PHI that you believe is missing or incorrect. If someone else (such as your doctor) gave us the PHI, we will let you know so you can ask them to correct it.
- Send us a written request to ask us not to use your PHI for treatment, payment or health care operations activities. We are not required to agree to these requests.
- Give us a verbal or written request to ask us to send your PHI using other means that are reasonable. Also let us know if you want us to send your PHI to an address other than your home if sending it to your home could place you in danger.
- Send us a written request to ask us for a list of certain disclosures of your PHI.

Important legal information you should take time to read (continued)

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

How we protect information

We are dedicated to protecting your PHI. We set up a number of policies and practices to help make sure your PHI is kept secure.

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

Potential Impact of Other Applicable Laws

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

Complaints

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

Contact Information

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

Copies and Changes

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

Important legal information you should take time to read

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

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

STATE NOTICE OF PRIVACY PRACTICES

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

Your Personal Information

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

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

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

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

You have the right to access and correct your PI.

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

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

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

Special enrollment rights

There are certain times when you can enroll during non-enrollment periods

When you enroll in a new health plan, there is usually only one time per year that you can make any changes to your plan. This is called open enrollment. If you choose not to enroll during open enrollment, there are special instances when you are allowed to enroll yourself and your dependents. They are the following:

This notice explains how you and your dependents (who are not covered by Anthem) have the right to enroll on a special basis.

- **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 an employer stops contributing to your health plan), you may be able to enroll with Anthem. You must ask us to enroll within 31 days after the other coverage ends (or after the employer stops paying for it).

For example: Let's say 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 on your plan, may be able to enroll in one of our health plans.

- **If you have a new dependent**

This could mean a life event like a new marriage, birth, adoption or if you have custody of a minor and an adoption is pending. You must ask to enroll within 31 days after the event.

For example: If you got married, your new spouse and any new children would be new dependents and may be eligible to enroll in the plan.

- **If you are a Medicaid or SCHIP plan member, you have a special period of 60 days to enroll if:**

- You (or your eligible dependents) lose coverage because you are no longer eligible
- You (or eligible dependents) become eligible to get help from Medicaid or SCHIP for paying part of the cost

To ask for a special enrollment or to get more information, call customer service at 800-992-1025.

Managed Care Member Enrollment/Member Change Form



ANTHEM USE ONLY

Member ID no.	Firm no.	Effective date
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SECTION 1: MEMBER/APPLICANT INFORMATION

Current Anthem BCBS contract no., if any		Social security no.	
Last name	First name	M.I.	
Home address or P.O. box	City	State	ZIP code
Phone no.	Email address		

SECTION 2: REASON FOR MEMBER ENROLLMENT - Please check the reason below and date if required

<input type="checkbox"/> New hire	<input type="checkbox"/> New group (Initial enrollment)	<input type="checkbox"/> COBRA - start date _____	<input type="checkbox"/> Retiree - date of retirement _____
<input type="checkbox"/> Rehire	<input type="checkbox"/> Open enrollment	<input type="checkbox"/> COBRA - event date _____	<input type="checkbox"/> Life Event _____
<input type="checkbox"/> Waive coverage (go to Section 6)	<input type="checkbox"/> Other _____	Date _____	

SECTION 3: CHANGE STATUS - Please check type and date of change below

<input type="checkbox"/> Name change	<input type="checkbox"/> Add dependent	<input type="checkbox"/> Delete dependent	<input type="checkbox"/> Address change	<input type="checkbox"/> PCP change	Date of change
Reason for change					
<input type="checkbox"/> Adoption	<input type="checkbox"/> Covered by Medicaid	<input type="checkbox"/> Divorce	<input type="checkbox"/> Marriage		
<input type="checkbox"/> Annual enrollment	<input type="checkbox"/> Court order	<input type="checkbox"/> Domestic partner	<input type="checkbox"/> Other _____		
<input type="checkbox"/> Birth	<input type="checkbox"/> Death	<input type="checkbox"/> Entrance to the Military	<input type="checkbox"/> Voluntary cancellation		
<input type="checkbox"/> Civil union	<input type="checkbox"/> Discharge from the Military	<input type="checkbox"/> Loss of coverage			

SECTION 4: MEMBERSHIP CHOICES

<input type="checkbox"/> Access Blue New England	<input type="checkbox"/> Blue Choice New England with HSA*	<input type="checkbox"/> Matthew Thornton Blue ^{SM+} New Hampshire HealthFirst
<input type="checkbox"/> Blue Choice	<input type="checkbox"/> Blue View Vision (see Section 10) _____	<input type="checkbox"/> Other _____
<input type="checkbox"/> Blue Choice New England	<input type="checkbox"/> HMO Blue New England	
<input type="checkbox"/> Blue Choice New England with HRA	<input type="checkbox"/> Matthew Thornton Blue ^{SM+}	

*Confirm with your employer which HSA custodian was selected.

SECTION 5: EMPLOYER INFORMATION

Company name			Firm no./Health benefit plan
Date of hire*	Date of rehire (if applicable)*	Date eligible	No. hours worked per week

*Date of hire/rehire: The first day the individual performs services for wages or any other form of compensation is the Date of hire/rehire.

SECTION 6: ELECTION NOT TO ENROLL

I do not wish to enroll in a plan. Please check one:

- ☐ I do not have any other coverage. I understand that the opportunity to enroll at any future date will be subject to any group requirements, Anthem policies and NH RSA 420-G:8.
- ☐ I have other coverage.

Name of policyholder	Insurance company
Signature X	Date

SECTION 7: APPLICANT AND MEMBER INFORMATION – List only family members you wish to enroll, delete or change

In order to be eligible for the highest level of benefits available through your coverage, you and your dependents must choose a Primary Care Provider from the Network Directory on **anthem.com** and write the provider's code number in the Primary Care Provider/PCP code box(es). Before selecting a provider designated as "Current Patients Only" in the directory, be sure to contact the provider's office to verify your status as a current patient.

Note: If electing Dependent Coverage, please list all eligible children/stepchildren and complete all required forms according to your employer's guidelines.

If your Group Health Benefit Plan includes covering Domestic Partners, a completed affidavit of Domestic Partnership must be attached to this enrollment form.

Medical	Vision	Name(s) of person(s) (Last name, first name, M.I.)	Sex	Has other insurance?	Social security no.	Birthdate (MM/DD/YYYY)	Full-time student?	Primary Care Physician (PCP)	Current Patient
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Self	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No				Name PCP no.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Ex/Legal spouse <input type="checkbox"/> Domestic partner <input type="checkbox"/> Civil union	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No				Name PCP no.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dependent	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	Name PCP no.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dependent	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	Name PCP no.	<input type="checkbox"/> Yes <input type="checkbox"/> No
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	Dependent	<input type="checkbox"/> M <input type="checkbox"/> F	<input type="checkbox"/> Yes <input type="checkbox"/> No			<input type="checkbox"/> Yes <input type="checkbox"/> No	Name PCP no.	<input type="checkbox"/> Yes <input type="checkbox"/> No

For HMO Plans: You must fill in PCP information for each member. For current listing of valid PCP(s) go to anthem.com. For other benefits selections do not complete this section.

SECTION 8: PRIOR COVERAGE INFORMATION – This section must be completed

Have you or any other family member had health insurance coverage in the 63 days prior to your date of hire or the effective date of your new policy?

☐ Yes ☐ No

If yes, please complete the following:

	Self	Spouse/Domestic partner/ Civil union	Dependents		
			1	2	3
Name of insurance company					
Certificate (policy) no.					
Date coverage began					
Date coverage ended or is coverage still in effect?					

SECTION 9: MEDICARE BENEFICIARIES INFORMATION

Is anyone listed on this application currently eligible for Medicare? ☐ Yes ☐ No

If yes, please complete the following for each person to be covered who is covered by Medicare.

Name(s) of Medicare Beneficiaries	Health insurance claim no.	Medicare Part A effective date	Medicare Part B effective date	Medicare Part D effective date	Check all reasons you qualified for Medicare
					<input type="checkbox"/> Age 65 <input type="checkbox"/> Disability <input type="checkbox"/> ESRD
					<input type="checkbox"/> Age 65 <input type="checkbox"/> Disability <input type="checkbox"/> ESRD

SECTION 10: EMPLOYEE SIGNATURE

I am requesting coverage for myself and all dependents listed and authorize my employer to deduct any required contributions for this insurance from my earnings. All statements and answers I have given are true and complete to the best of my knowledge and belief. I understand it is a crime to knowingly provide false, incomplete or misleading information to an insurance company for the purpose of defrauding the company. Penalties may include imprisonment, fines or denial of insurance benefits. I understand all benefits are subject to conditions stated in the Group Agreement and Certificate of Coverage.

The following applies if you selected Blue View Vision in Section 4:

Limited benefit disclosure: The policy/certificate provides vision benefits only. Review your policy/certificate carefully.

Employee signature X	Print name	Date
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Welcome to Anthem Blue Cross and Blue Shield

Please follow the instructions below to complete your Enrollment Application. Please check with your employer's Benefit Administrator for further information.

SECTION 1: MEMBER/APPLICANT INFORMATION

The current Anthem Identification Number should only be completed if you are changing, updating or terminating an existing policy. You will not have an Anthem ID Number if this is a new enrollment.

SECTION 2: REASON FOR MEMBER ENROLLMENT

This is required information if you are a New Hire, Rehire, New Enrollee, COBRA participant or a Retiree.

SECTION 3: CHANGE STATUS

This is required information if you are an existing member changing your membership status. New subscribers are not required to complete this information.

SECTION 4: MEMBERSHIP CHOICES

This information is mandatory for New Enrollment. It is optional for all other changes.

Anthem consumer-driven plan descriptions:
Lumenos HSA = Lumenos Health Savings Account
Lumenos HRA = Lumenos Health Reimbursement Account

SECTION 5: EMPLOYER INFORMATION

The Company Name, Firm Division Number and Health Benefit Plan Number are mandatory when completing this application. The Date of Hire/Rehire is mandatory for New Members Only. The first day the individual performs services for wages or any other form of compensation is the Date of hire/rehire.

SECTION 6: ELECTION NOT TO ENROLL

Complete this box only if you are waiving coverage.

SECTION 7: APPLICANT AND MEMBER INFORMATION

This is required information for New Members, Dependent Removal/Additions, Primary Care Physician (PCP) Changes, Date of Birth Changes/Updates and Dependent Name Changes. It is not required for Address Changes or Terminating the Entire Policy.

SECTION 8: PRIOR COVERAGE INFORMATION

This information is required when enrolling as a new member or when a member is added to your existing policy. Your application will be returned if this information is not completed.

SECTION 9: MEDICARE BENEFICIARIES INFORMATION

This information is required for any member on this policy who is over 65 years of age or eligible for Medicare.

Note: Each year, Anthem Blue Cross and Blue Shield saves millions of dollars for our members and groups through Coordination of Benefits. Other Insurance and/or Medicare information helps to ensure that you receive all the benefits to which you are entitled. By dividing health care expenses appropriately between your plans, we can better control health care costs.

SECTION 10: EMPLOYEE SIGNATURE

Employee must sign the application for it to be valid. If you are a Benefit Administrator terminating a Subscriber please sign your name in the space provided.

Completed applications may be returned to Anthem Blue Cross and Blue Shield by one of two methods:

Mail: Anthem Blue Cross and Blue Shield
3000 Goffs Falls Road
Manchester, NH 03111-0001

Fax: 603-645-5830



**Don't forget to click
here to give us your
feedback if you have
not already done so.**

Once you're a member, it's easy to get answers to any questions about your plan.

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



An employer may elect to insure or self-fund its group health plan(s). For self-funded accounts, Anthem Blue Cross and Blue Shield provides administrative claims payment services only and does not assume any financial risk or obligation with respect to claims. Please consult your employer for plan funding details.

The benefit descriptions in this plan overview are intended to be brief outlines of coverage. The entire provisions of benefits and exclusions are contained in the Group Contract and are subject to your employer's funding arrangement. In the event of conflict between the Group Contract and this description, the terms of the Group Contract will prevail.

In Connecticut: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans, Inc.

In Maine: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of Maine, Inc.

In New Hampshire: Anthem Blue Cross and Blue Shield is the trade name of Anthem Health Plans of New Hampshire, Inc.

Independent licensees of the Blue Cross and Blue Shield Association.

® Registered marks Blue Cross and Blue Shield Association.

SM "SpecialOffers@Anthem," "MyHealth@Anthem," "Anthem Rewards," "Anthem Healthy Communities," "Anthem Healthy Solutions," "MyAnthem" is a service mark of Anthem Insurance Companies, Inc.

Anthem Vision coverage is underwritten by Anthem Blue Cross and Blue Shield and administered by Health Management Systems, Inc. a separate company.

Life and disability products are underwritten by Anthem Life Insurance Company.

All of the offerings in the SpecialOffers@Anthem program are continually being evaluated and expanded so the offerings may change. Any additions or changes will be communicated on our website, anthem.com.

These arrangements have been made to add value to our members. Value-added services and products are not covered by your health plan benefit. Available discount percentages may change from time to time without notice. Discount is applicable to the items referenced. SM "SpecialOffers@Anthem," "MyHealth@Anthem," "Anthem Rewards," "Anthem Healthy Communities," "Anthem Healthy Solutions," "MyAnthem" is a service mark of Anthem Insurance Companies, Inc.

Anthem Vision coverage is underwritten by Anthem Blue Cross and Blue Shield and administered by Health Management Systems, Inc. a separate company.

Express Scripts, Inc. is a separate company that provides pharmacy services and pharmacy benefit management services on behalf of health plan members.

The Healthy Lifestyles programs are administered by Healthways, Inc., an independent company.